## PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK FORM FOR PHOTOCOPY OF ANSWER BOOKS

## FEES: RS.600/- Per Answer Books

Demand Draft No. & Date		Amount:	
1.	Name	:	
2.	Father's Name	:	
3.	Roll No.	:	
4.	Class/Semester	:	
5.	Registration No.	:	
6.	Subject(s)	:	
7.	Correspondence Address & Ph. No.	:	
8.	Date of Declaration of Result	:	
9.	Specimen Handwriting	:	
	of the candidate (please write 2-3 lines)		
10.	No. of Answer Books	:	

DATE: \_\_\_\_\_ SIGNATURE OF THE CANDIDATE