

**PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK**

**FORM FOR RE-CHECKING OF ANSWER BOOKS**

**FEES: Rs.500/- Per Answer Book**

**Demand Draft: (in favour of Controller of Finance, Pt. B. D. Sharma UHS,  
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D.D./ Receipt No. & Date \_\_\_\_\_ Amount : \_\_\_\_\_

1. Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Roll No. : \_\_\_\_\_

4. Class / Semester : \_\_\_\_\_

5. Registration No. : \_\_\_\_\_

6. Subject (s) : \_\_\_\_\_

\_\_\_\_\_

7. Correspondence Address & Phone No. : \_\_\_\_\_

\_\_\_\_\_

8. Date of Declaration of Result : \_\_\_\_\_

9. Specimen Handwriting of the Candidate (Please write 2-3 lines) : \_\_\_\_\_

\_\_\_\_\_

10. No. of Answer sheet : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE OF THE CANDIDATE