

**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, U.H.S., Rohtak,  
Payable at Rohtak)**

D. D./ Receipt No.& Date : \_\_\_\_\_ Amount : \_\_\_\_\_

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Roll No. : \_\_\_\_\_
4. Class : \_\_\_\_\_
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) \_\_\_\_\_  
\_\_\_\_\_

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

**SIGNATURE OF THE CANDIDATE**