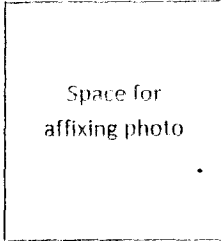


Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak.

Admission Form

Regular/ Supplementary Examination..... Year..... Roll No.....
(to be assigned by the office)

- 1. B.Sc. Nursing (I/II/III/IV year) Examination.....
- 2. B.Pharmacy (I/II/III/IV year) Examination.....
- 3. B.Ph.T. (Physiotherapy) (I/II/III/IV year) Examination.....



(to be filled in by the candidate neatly and legibly in his/ her own handwriting)

- 1. Name of the Examination in which to appear.....
- 2. Name of College/ Institution.....
- 3. Name (in block letters) (in English).....
(in Hindi).....
- 4. Father's Name (in block letters) (in English).....
(in Hindi).....
- 5. Mother's Name (in block letters) (in English).....
(in Hindi).....
- 6. Regn. No..... 7. Male/ Female
- 8. Do you belong to SC/BC/ST
- 9. Permanent Address
- Telephone No..... Mobile No..... E.mail.....
- 10. Centre of Examination
- 11. University Fee Receipt No..... Date..... Amount
- or Bank Draft No..... Date..... Amount
- 12. Year of passing the Previous Examination:
 - Name of Examination..... Year/ Session
 - Roll No..... Overall Result
- 13. Subject in which appearing: 1..... 2.....
3..... 4..... 5.....
6..... 7..... 8.....
9..... 10.....
- 14. Have you ever been disqualified by this or any other University from appearing in any examination, if so give name of examination & period for disqualification
- or any other case of Unfair Means is pending against you.

Dated.....

(Signature of the candidate)

CERTIFICATE

I certify that the candidate mentioned above has satisfied me by production of authentic documents, that the statements made by him/ her above are correct, that he/ she has fulfilled the conditions laid down under the regulations for eligibility to appear in the Examination mentioned above in force in the Pt.B.D.Sharma University of Health Sciences, Rohtak and that he/ she bears a good moral character.

Remarks if any.....
Dated.....

Director/ Principal/ Head of the College/ Institution

Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak.

ADMIT CARD

Roll No.....

(to be assigned by the office)

One copy of latest photo of the candidate duly signed and attested by the same authority on its face should be pasted here.

Note: The candidate will be admitted to the Examination Hall on production a delivery of this Roll No. Slip. For Examination Year

- 1. Name of the candidate.....
- 2. Son/ Daughter of Shri.....
- 3. Centre (No.....)
- 4. Signature of the candidate.....

(The candidate must sign here before submitting this form to the University)

Controller of Examination

Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak.

ADMIT CARD

Roll No.....

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Controller of Examination