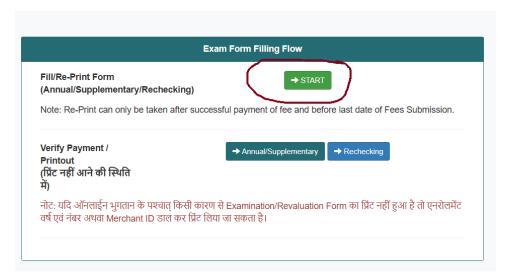
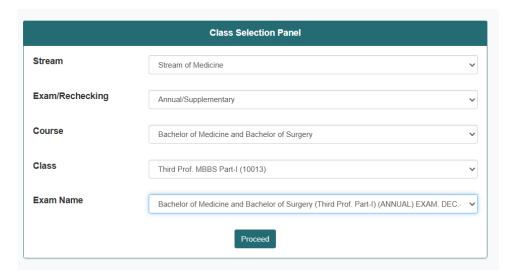
Step 1.Click on the Student Login:



Step 2. Click on Start

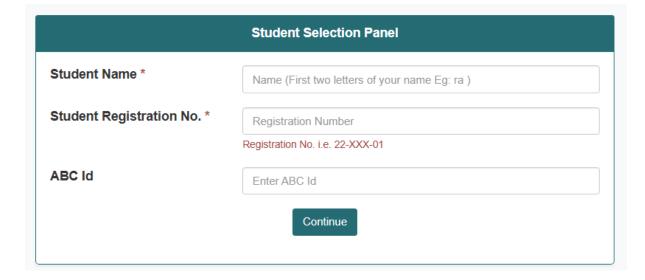


Step 3. Selection of Stream, course, class and Exam details:



Step 4: Enter Student Details:

- In the Student Name Please fill only the First two letters of your name Form Example if the Student's name is Krishna then "kr" should be inserted.
- In the second field type student's registration numbers i.e. in the format 22-XXX-01
- In ABC Id please type 12 digits ABC Id number.

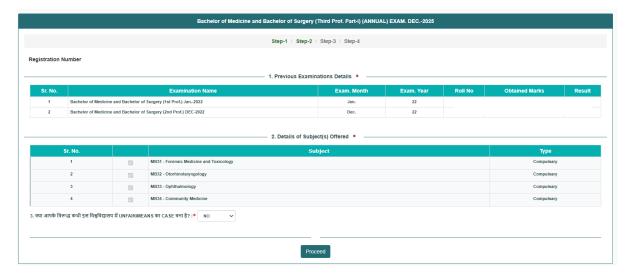


Step 5: Please enter only correct personal details in the first step and upload photographs and signature according to the given file sizes. After the details are entered correctly Click on the Save and Next Button. The mobile number and working Email ID should be provided here otherwise

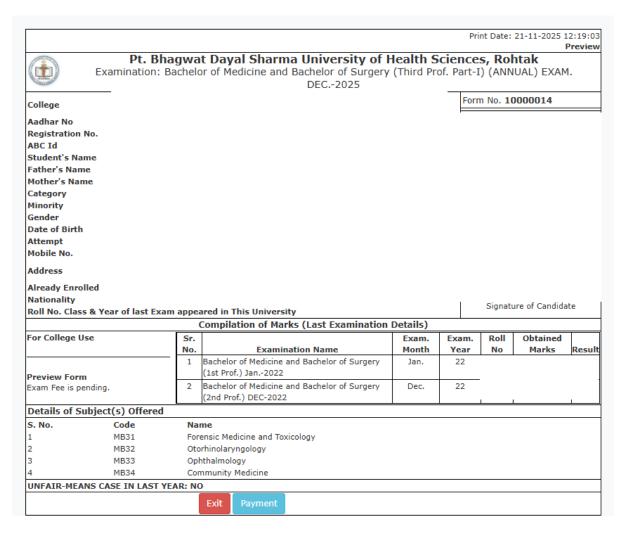
there will be issue with the online Payment.

2. Father's Name (पिता का नामा) * 3. Mother's Name (पिता का नामा) * 4. Student's Category (श्रेणी) * Regular GEN GEN NO Male NO NO NO Date of Birth (चन्म तिथि) * 9. Date of Birth (चन्म तिथि) * 10. Are You already Enrolled with this University (ब्या आप इस मुनिसिटी में पहले से नामांकित हैं?) 11. Attempt (अटेप्श) * 12. College (महाविद्यालय) Adesh Medical College & Hospital (12001)Village Mohri, Shahbad (M) Kuruksl INDIAN Complete Address (पूरा पता) 14. Permanent Address (प्याई पता) 15. State (एम्ल)* 16. District (विला)* - Select District - Tr. Pin Code (पिनकारेट)*	Registration Number 1. Name of Applicant (आवेदक का नाम) * 2. Father's Name (गिरा का नाम) * 3. Mother's Name (गिरा का नाम) * 4. Student's Category (बंग्वी) * 5. Category (बंग्वी) * 6. Minority (अरपसंदायक) * 7. Gender (विंग) * 8. Other Category (अन्य बंग्वी) * 9. Date of Birth (जन्म-तिग्वि) * 10. Are You already Enrolled with this University (बया आप द्वा मुनेवांदीटी में पहले से नामांकित हैं?) 11. Attempt (अटेम्श) * 12. College (महाविचालम) Address (पूरा पर्या) 13. Nationality (राष्ट्रीपया) 14. Permanent Address (प्राण्वा) 15. State (राष्ण) * 16. Destrict (विवा) * 17. Pin Code (विववेद) * 18. Mobile Number (वीवार्य नामर) * 19. Email Address * 10. Address * 10. Address * 11. Mobile Number (वीवार्य नामर) * 12. Complete Address (प्राण्वा) 13. Mobile Number (वीवार्य नामर) * 14. Permanent Address (प्राण्वा) 15. State (राष्ण) * 16. Destrict (विवा) * 17. Pin Code (विववेद) * 18. Mobile Number (वीवार्य नामर) * 19. Email Address * 10. Address * 10. Address * 11. Mobile Number (वीवार्य नामर) * 12. Address * 13. Mother Number (वीवार्य नामर) * 14. Mobile Number (वीवार्य नामर) * 15. Mobile Number (वीवार्य नामर) * 16. Minority (अपवेदक का नाम) * 17. Pin Code (विववेद) * 18. Mobile Number (वीवार्य नामर) * 19. Email Address * 10. Address * 10. Address * 11. Address * 12. Address * 13. Mother * 14. Address * 15. Address * 16. Address * 17. Pin Code (विववेद) * 18. Mobile Number (वीवार्य नामर) * 19. Email Address * 10. Address * 10. Address * 11. Address * 12. Address * 13. Address * 14. Address * 15. Address * 16. Address * 17. Pin Code (विववेद) * 18. Address * 18. Address * 19. Email Address * 19. Email Address * 10. Address * 11. Address * 12. Address * 13. Address * 14. Address * 15. Address * 16. Address * 17. Pin Code (विववेद) * 18. Address * 19. Address * 10. Add		Bache	elor of Medicine and Bach	elor of Surgery (T	Third Prof. Part-I) (ANNUAL) E	EXAM. DEC.
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6. Minority (अल्पसंख्यक) * 7. Gender (लिंग) * 8. Other Category (अन्य ब्रेणी) * 9. Date of Birth (जन्म-तिरिध) * 10. Are You already Enrolled with this University (क्या आप इस यूनिवर्सिटी में पहले से नामांकित हैं?) 11. Attempt (अंटेम्प्ट) * 12. College (महाविद्यालय) Adesh Medical College & Hospital (12001)Village Mohri, Shahbad (M) Kuruksi 13. Nationality (राष्ट्रीयता) NDIAN Complete Address (पूरा पता) 14. Permanent Address (त्याई पता) * Complete Address (पूरा पता) 15. State (राज्य) * Hayana - Select District (विला) * - Select District — > 335001	6. Minority (अरपसंख्यक) * 7. Gender (सिंग) * 8. Other Category (अन्य बेणी) * 9. Date of Birth (जन्म-तिषि) * 10. Are You already Enrolled with this University (ब्या आप इस यूनिवर्सिटी में पहले से नामांकित हैं?) 11. Attempt (अंटेम्ए) * 12. College (महाविद्यालय) 13. Nationality (राष्ट्रीयला) 14. Permanent Address (स्पाई पता) * 16. District (निवा) * 17. Pin Code (पिनाकेट) * 18. Mobile Number (मोवाईस नम्बर) * 19. Email Address* 20. Aadhar No. 21. ABC Id (Academic Bank of Credits)	4. Student's Category (श्रेणी) *		Regular			~
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8. Other Category (अन्य श्रेणी) * 9. Date of Birth (जन्म-तिथि) * 10. Are You already Enrolled with this University (क्या आप इस यूनिवर्सिटी में पहले से नामांकित हैं?) 11. Attempt (अटेम्श) * 12. College (महाविद्यालय) Adesh Medical College & Hospital (12001)Village Mohri, Shahbad (M) Kuruksi 13. Nationality (राष्ट्रीयता) Complete Address (पूरा पता) 14. Permanent Address (क्याई पता) * 15. State (राज्य) * Haryana - Select District (जिला) * 17. Pin Code (पिनकोड) * 335001	8. Other Category (अन्य श्रेणी) * 9. Date of Birth (जग्म-तिश) * 10. Are You already Enrolled with this University (क्या आप इस यूनिवर्सिटी में पहले से नामांकित हैं?) 11. Attempt (अंटेम्श) * 12. College (महाविद्यालय) Adesh Medical College & Hospital (12001)Village Mohri, Shahbad (M) Kurukshe 13. Nationality (राष्ट्रीयला) * Complete Address (पूरा पता) * 14. Permanent Address (प्यार्ट पता) * 15. State (राज्य) * 16. District (विवा) * 17. Pin Code (श्रिमकोह) * 18. Mobile Number (मोबाईल नम्बर) * (ब्ली मोबाईल नम्बर हिली, अवस्थकत हुने पर हुनी नम्बर पर सम्पर्क हिला वा करता है। 19. Email Address * 20. Aaddra No. 21. ABC Id (Academic Bank of Gredits)	6. Minority (अल्पसंख्यक) *		NO			~
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Step 6: Step-2 of Exam form shows the previous exam details and subject names. Click on the proceed button.



Step 7: At this step Preview of the details filled by the student is shown here. If there is any issue with the details, Please click on the Back button and edit the details otherwise click on the payment button.



Step 8: Click on Proceed to Pay.



Step 9: After the payment is successful. A transaction ID will be received on the email for the successful transactions. Please take a print of the exam form. There will be two copies in the exam form. One student copy and another College Copy. Please submit the college copy in the college for the exam form verification process.



Print Exam Form

Print Date: 21-11-2025 12:37:12 Student Copy



Pt. Bhagwat Dayal Sharma University of Health Sciences, Rohtak पंडित भगवत दयाल शर्मा स्वास्थ्य विज्ञान विश्वविद्यालय, रोहतक

Examination: Bachelor of Medicine and Bachelor of Surgery (Third Prof. Part-I) (ANNUAL) EXAM. DEC.-2025

College

Student's Name

Father's Name

Mother's Name

Category

Minority

Gender

Date of Birth

Aadhar No Registration No.

Mobile No.

Email ID

Address

Nationality

ABC Id

Attempt

Roll No. Class & Year of last Exam appeared in This University

					Signature of Candidate		
Compilation of Marks (Last Examination Details)							
For College Use	Sr. No.	Examination Name	Exam. Month	Exam. Year	Roll No	Obtained Marks	Result
Examination Fee Rs. 2500 Transaction No. 11 Transaction Date:	1	Bachelor of Medicine and Bachelor of Surgery (1st Prof.) Jan2022	Jan.	22			
		Bachelor of Medicine and Bachelor of Surgery	Dec.	22			. 1

S. No.	Code	Name
1	MB31	Forensic Medicine and Toxicology
2	MB32	Otorhinolaryngology
	MB33	Ophthalmology
4	MB34	Community Medicine

UNFAIR-MEANS CASE IN LAST YEAR: NO

Certified that all above entries are correct to the best of my knowledge and belief. I am not appearing in any other university examination and there is no UM case against me. I have deposited Examination fee through Online Mode.

Signature of Student

Please check that transaction number and form number should be same in all copies. If your form is correctly printed and fee is deposited in time, submit exam form in college. Fees once deposited will not be refunded.

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.

Seal & Signature of Director/ Dean / Principal / Head of the College / Institution

Print Date: 21-11-2025 12:37:12

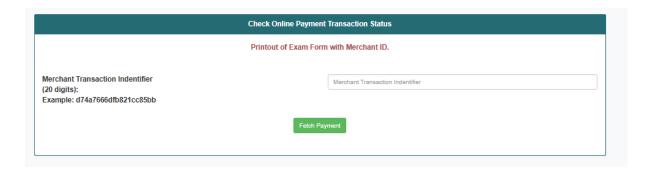
College Copy



Pt. Bhagwat Dayal Sharma University of Health Sciences, Rohtak

Payment verification in case of Payment is not updated during the payment process.





Insert the transaction ID received to the provided Email ID and fetch the payment status. If the status is successful. Please click on the update Payment button otherwise retry the payment.