

Examination Form 2019-20 - 3rd Proff(VII Sem) - Regular

Exam Roll No 17155ME040

Enrolment Number : 386209

Candidate Name : NEHA SHREE

Father's Name : UMESH KUMAR CHOUDHARY

Mother's Name : NILAM CHOUDHARY

Course Name : MBBS

Department : ---

Faculty/College : Institute of Medical Sciences

Admission For : BHU Main Campus

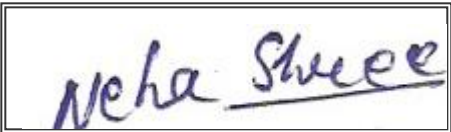


Course Category Name	Subject Name
PRACTICAL	[] - (A) Ophthalmology Practical
PRACTICAL	[] - (B) OTO-Rhinolaryngology Practical
PRACTICAL	[] - (C) Community Medicine Including Humanities Practical
CORE THEORY	[] - (A) Ophthalmology
CORE THEORY	[] - (B) OTO-Rhinolaryngology
CORE THEORY	[] - (C) Community Medicine Including Humanities

Whether appearing in any other Examination of BHU or any other University during the current year give details there of:

Certified that above information provided by me is true and correct.

Place:
Date:



(Full signature of the candidate
attested by the forwarding Officer)

Forwarding by concerned Director/Dean/HOD/Principals of Institute/Faculty/Colleges.

Date:

Signature & Seal of
Director/Dean/HOD/Principal of
Institute/Faculty/Colleges
Banaras Hindu University