




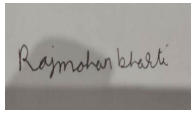
**PT. B. D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK.**

GURU GOBIND SINGH COLLEGE OF PHARMACY YAMUNA NAGAR (Code : 9205)

**B.PHARMA SEVENTH SEMESTER Exam DEC-2022 (Code : 8808)**

**Online Application Form - Login Id : 1084252**



Candidate's Name:	<b>RAJMOHAN BHARTI</b>					
Father's Name:	<b>DHANANJAY KUMAR</b>					
Mother's Name:	<b>PADMAWATI</b>					
Date of Birth:	<b>05/11/2001</b>					
Gender:	<b>Male</b>					
Category:	<b>BCB</b>					
Email Id:	<b>razzrajmohan36@gmail.com</b>					
Mobile No.:	<b>8252801146</b>					
Aadhar No.:	<b>416215855813</b>					
Address:	<b>VISHWANATHPUR, POST- AIFNI, DERHGAON, NAWADA, Nawada (Bihar (BR)) - 805130</b>					
Previous Examination Details:						
<table><thead><tr><th>Exam Name</th><th>Year</th><th>Roll No.</th><th>Overall Marks Status</th></tr></thead></table>			Exam Name	Year	Roll No.	Overall Marks Status
Exam Name	Year	Roll No.	Overall Marks Status			
College Reg. No.:	<b>19-GGSC-35</b>					
Old Roll No.:	<b>901304</b>					
Medium:	<b>English</b>					
Subjects:	<b>1. BP-701, 2. BP-702, 3. BP-703, 4. BP-704, 5. BP-705, 6. BP-706</b>					
Fee Details:	Order Id : 1330065, Transaction Id : 0fcfd1ce404b27486ef0 Amount : 2000.00, Date : 3/14/2023 11:49:32 AM					

Print Date & Time : 08/07/2023 10:53:04 AM

Place :

Signature of the Candidate

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 and Signature

Director / Principal / Head of the College / Institution