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

NOTICE

It is hereby notified for the information of all concerned, who have qualified their Competency Based Test under PNDT Act conducted by Pt. B. D. Sharma University of Health Sciences, Rohtak that the Scrutiny of original documents will be done on 28.01.2025 in the office of Controller of Examinations, Pt. B.D.Sharma University of Health Sciences, Rohtak from 11:00 AM onwards. The applicants are requested to appear before the scrutiny Committee with their original documents for verification of the particulars i.e. Name, Father's Name, Haryana Medical Council Registration Number etc. along with one set of photocopies, two (02) passport size photographs and also duly filled proforma (copy enclosed). No TA/DA will be admissible for the purpose. They are also advised to visit regularly on the University website i.e. www.uhsr.ac.in as well as the official website of the office of Director General of Health Services, Haryana for further updates. The detail of the applicants is as under:

Sr. No	Roll No.	Candidate Name
1	100087	Bilal Ahmad Wani
2	100094	Vinod Kumar Yadav
3	200026	Dr. Narender Singh
4	300003	Ajay Madan
5	200029	Namrata Madan

Dated:-13.01.2025

Sd/-
Controller of Examinations

OBJECTION / REMARKS (if any) :-

Pt. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

Document verification proforma of passed out candidates under Competency Based Assessment Test for implementation of Six Months Ultrasound Training Rule under PC & PNDT Act, 2014

1. Name of the Candidate :_____

2. Father's Name : _____

3. Date of Birth : _____

4. Roll No. (CBT Exam) : _____

5. Marks Obtained :   Theory : _____   Practical :_____   Result :_____

6. Name of Institutions from where passed MBBS : _____

   _____

7. State Medical Registration No. _____   Validity upto :_____

8. Others information, if any : _____

    Certified that information furnished by me as given above is correct and nothing has been concealed therein.

                                        Signature of the Candidate
                                        Contact No. _____
                                        Date: _____

Signature of Team Member   Signature of Team In-charge