

UNIVERSITY OF DELHI
FACULTY OF HOMOEOPATHIC MEDICINES

LAST DATE: 06.12.2012

**APPLICATION FORM FOR RE-CHECKING OF RESULT OF
POSTGRADUATE (DEGREE) HOMOEOPATHIC MEDICINE COURSE
ENTRANCE TEST FOR THE ACADEMIC SESSION 2013-2015 HELD ON
17TH NOVEMBER, 2012**

TIMINGS: 09:30 A.M. TO 03:00 P.M. only

Name of Candidate: _____ Course _____

Category: _____ Roll No: _____ Rank: _____ Marks Obtained : _____

Signature of Candidate

Date: ___/___/2012

Name: _____

Address: _____

Tel. No.: _____

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Received with thanks a sum of Rs. 750/ (Rupees Seven Hundred & Fifty Only) towards
Re-checking fees of Postgraduate (Degree) Homoeopathic Medicine Course for the
academic session – 2013-2015 from Ms./Mr. _____

Course _____ Roll No. _____ Rank _____ Category _____.

Dealing Assistant