

UNIVERSITY OF DELHI
FACULTY OF MEDICAL SCIENCES

LAST DATE: 24.06.2011

**APPLICATION FORM FOR RE-CHECKING OF RESULT OF
SUPER-SPECIALITY (D.M./M.CH.) ENTRANCE TEST
HELD ON 4TH JUNE, 2011 & 5TH JUNE, 2011**

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

Name of Candidate: _____

Subject: _____

Roll No: _____ Rank: _____ Marks Obtained: _____

Signature of Candidate

Date: ___/___/2011

Name: _____

Address: _____

Tel. No.: _____

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Received with thanks a sum of Rs. 300/ (Rupees three hundred only) towards
Re-checking fees of Super-speciality (D.M./M.Ch.) Course-2011 from
Ms./Mr. _____ Subject _____

Roll No. _____ Rank _____

Dealing Assistant