

How to fill Regular Examination Form

Procedure:

1. Visit the University website i.e. www.deshbhagatuniversity.in
2. Go to Bottom of the website and click on “**Student**” login.

Spotlight

13 Wednesday 14 Feb OF HEPATITIS' at Desh Bhagat Dental College

17 JAN Desh Bhagat University Student Wins Silver Medal In National Boxing (Women) Championship University Honoured Her National Finalist Student

06 JAN 13 Lohri Celebrations at Desh Bhagat University

Accreditation & Approvals

- University Grants Commission (UGC)
- Association of Indian Universities (AIU)
- National Council of Teacher Education (NCTE)
- Bar Council of India (BCI)
- Punjab Nurses Registration Council (PNRC)
- Indian Nursing Council (INC)
- Central Council for Indian Medicine (CCIM)
- National Council for Hotel Management and Catering Technology (NCHMCT)
- All India Council for Technical Education (AICTE)
- Pharmacy Council of India (PCI)

Resources

- Careers & Recruitment
- Digital Library
- Digital India Week
- University Journals
- IPR Cell
- Organ Donation

Official Address

Desh Bhagat University,
Off to NH1,
Mandi Gobindgarh,
District Fatehgarh Sahib,
Punjab- 147301
India
Tel : +91-82838-11111,
Email:
contact@deshbhagatuniversity.in

Login

Student
Staff

3. Student login page will be opened and student enters his/her credential (Username, Password and captcha code) for login.

GLOBALINFOWAYS
...global ideas... global values

SIM

DBU Desh Bhagat University
1972
Research, Innovation, Entrepreneurship

LOGIN

Student Parent

Student Login

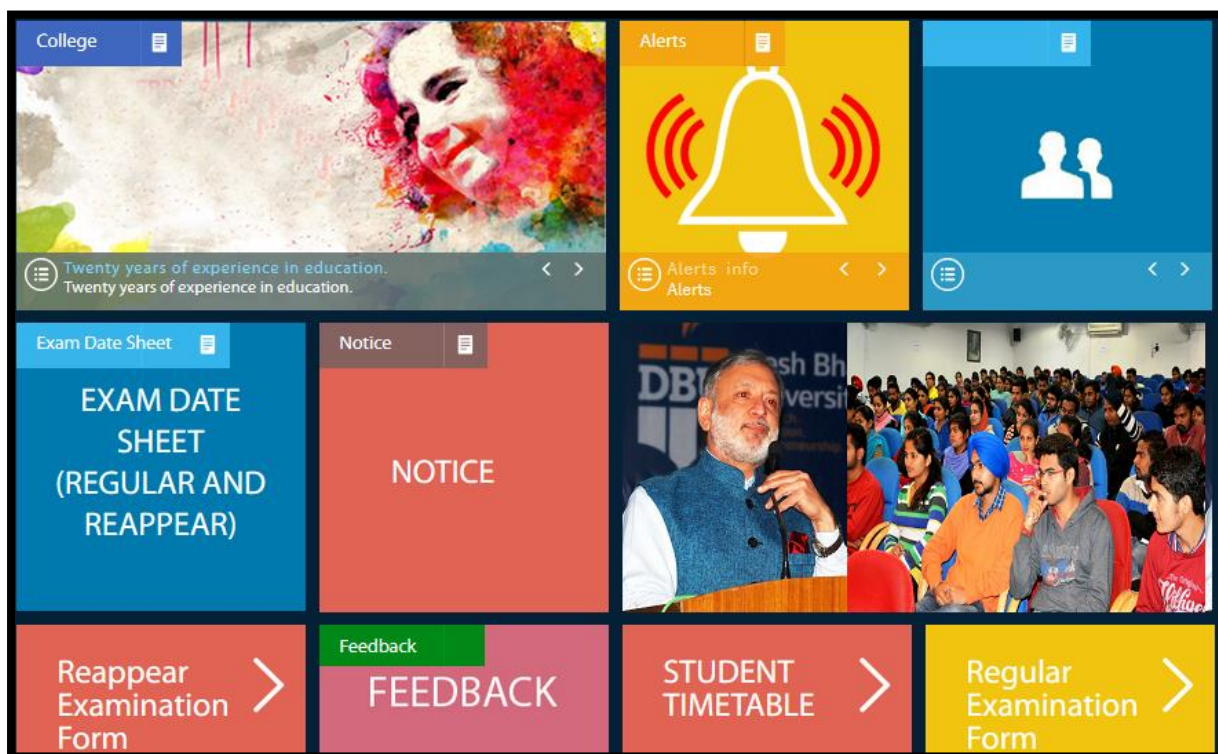
Password

Enter Below Code

756

LOGIN

4. The home page will appear with all option.



5. For regular Examination, Select the “**Regular Examination Form**” tab.



6. The form of regular examination will be open.

7. Student check his/her detail on form like name, father name, program, mobile etc.

EXAMINATION NAME- 2017

Photo		Sign			
College	FOMS	Session	2017	Program	Master in Optometry
Annual/Sem /Tri-Sem	Sem II	Student Name	Sumit Kumar	Admission No	17FOMSMAOP003
Enroll No		DOB	10/11/1990	Category	General
Mobile	8894844248	E-Mail	na@gmail.com	Gender	Male
Father Name	Prithipal	Mother Name	Rita devi	Grand Father	
Address	Chandigarh/India/Chandigarh/Chandigarh/				

8. Student selects the subject according his/her choice for exam from the list and click on declaration.

Father Name	Prithipal	Mother Name	Rita devi	Grand Father	
Address	Chandigarh/India/Chandigarh/Chandigarh/				

	S.No.	Subject Code	Sub Name
<input checked="" type="checkbox"/>	1	MOPTOM-201	Binocular Vision-I
<input type="checkbox"/>	2	MOPTOM-202	Low Vision-I
<input checked="" type="checkbox"/>	3	MOPTOM-203	Advanced Contact Lens
<input checked="" type="checkbox"/>	4	MOPTOM-204	Basic Science & Ocular Diagnostic-II
<input checked="" type="checkbox"/>	5	MOPTOM-205	Clinical Practice
<input checked="" type="checkbox"/>	6	MOPTOM-206	Reserch Protocol-II(Presentation)

I hereby declare that the above particulars filled in by me are correct and nothing has been concealed.

Note: a) Once Exam Registration data has been saved ,You Can't edit data.
b) Please take printout of your acknowledgement for record after saving exam form.

9. After select the subjects and click on declaration box, click on “**Save**” button for update in ERP.

	S.No.	Subject Code	Sub Name
<input checked="" type="checkbox"/>	1	MOPTOM-201	Binocular Vision-I
<input type="checkbox"/>	2	MOPTOM-202	Low Vision-I
<input checked="" type="checkbox"/>	3	MOPTOM-203	Advanced Contact Lens
<input checked="" type="checkbox"/>	4	MOPTOM-204	Basic Science & Ocular Diagnostic-II
<input checked="" type="checkbox"/>	5	MOPTOM-205	Clinical Practice
<input checked="" type="checkbox"/>	6	MOPTOM-206	Reserch Protocol-II(Presentation)

I hereby declare that the above particulars filled in by me are correct and nothing has been concealed.


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10. After the final save, the print receipt button enable for generating the acknowledgement slip.

	S.No.	Subject Code	Sub Name
<input checked="" type="checkbox"/>	1	MOPTOM-201	Binocular Vision-I
<input checked="" type="checkbox"/>	2	MOPTOM-202	Low Vision-I
<input checked="" type="checkbox"/>	3	MOPTOM-203	Advanced Contact Lens
<input checked="" type="checkbox"/>	4	MOPTOM-204	Basic Science & Ocular Diagnostic-II
<input checked="" type="checkbox"/>	5	MOPTOM-205	Clinical Practice
<input checked="" type="checkbox"/>	6	MOPTOM-206	Reserch Protocol-II(Presentation)

I hereby declare that the above particulars filled in by me are correct and nothing has been concealed.

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Desh Bhagat University & United
 Amloh Road, Mandi Gobindgarh
 Fatehgarh Sahib, Punjab
 01765-520523-24.
 contact@deshbhagatuniversity.in

Examination Acknowledgement Form(Student copy, not to be submitted)

SR NO-	15379
Name Of Student	Sumit Kumar
Admission No.	17FOMSMAOP003
Enrollment No.	
Roll No.	17410463003
Program	Master in Optometry
Year/Semester/Tri Semester	Sem II
Address	Chandigarh/India/Chandigarh/Chandigarh/
Phone Number	8894844248

Sno.	Course Code	Course Name
1	MOPTOM-201	Binocular Vision-I
2	MOPTOM-202	Low Vision-I
3	MOPTOM-203	Advanced Contact Lens
4	MOPTOM-204	Basic Science & Ocular Diagnostic-II
5	MOPTOM-205	Clinical Practice
6	MOPTOM-206	Reserch Protocol-II(Presentation)