

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

P.G. Entrance 2023-24

PROGRAMME NAME / SUBJECT NAME

Med - & Mod - Ind - His.

Roll No.									
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Question Booklet Series
D
A
B
C

500764



OMR ANSWER SHEET NO.

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Signature of the Candidate

Signature of the Invigilator with Date