

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

PG ENTRANCE 2023-24

PROGRAMME NAME / SUBJECT NAME

PUBLIC HEALTH (Community Medicine)

Roll No.									
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Question Booklet Series
C
A
B
D


OMR ANSWER SHEET NO.

500906



510009065

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Signature of the Candidate


Signature of the Invigilator with Date