

# OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

Ph.D. Entrance 2024

KEY

SUBJECT NAME FOR Ph.D.

Public Health

Roll No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Q. Booklet No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Paper Code			
2	4	2	5
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Question Booklet Series	
B	<input type="radio"/>
A	<input type="radio"/>
B	<input checked="" type="radio"/>
C	<input type="radio"/>
D	<input type="radio"/>



OMR ANSWER SHEET NO.

1	A	B	<input checked="" type="radio"/>	D
2	A	B	<input checked="" type="radio"/>	D
3	A	<input checked="" type="radio"/>	C	D
4	A	B	C	<input checked="" type="radio"/>
5	A	B	<input checked="" type="radio"/>	D
6	A	<input checked="" type="radio"/>	C	D
7	A	<input checked="" type="radio"/>	C	D
8	A	<input checked="" type="radio"/>	C	D
9	A	B	C	<input checked="" type="radio"/>
10	A	B	<input checked="" type="radio"/>	D
11	A	B	C	<input checked="" type="radio"/>
12	A	B	<input checked="" type="radio"/>	D
13	<input checked="" type="radio"/>	B	C	D
14	A	B	<input checked="" type="radio"/>	D
15	A	<input checked="" type="radio"/>	C	D
16	A	B	<input checked="" type="radio"/>	D
17	A	B	<input checked="" type="radio"/>	D
18	A	<input checked="" type="radio"/>	C	D
19	A	B	<input checked="" type="radio"/>	D
20	A	<input checked="" type="radio"/>	C	D
21	<input checked="" type="radio"/>	B	C	D
22	A	B	<input checked="" type="radio"/>	D
23	A	B	<input checked="" type="radio"/>	D
24	A	B	C	<input checked="" type="radio"/>
25	A	B	<input checked="" type="radio"/>	D

26	A	B	<input checked="" type="radio"/>	D
27	A	<input checked="" type="radio"/>	C	D
28	A	B	<input checked="" type="radio"/>	D
29	A	<input checked="" type="radio"/>	C	D
30	A	B	C	<input checked="" type="radio"/>
31	<input checked="" type="radio"/>	B	C	D
32	A	<input checked="" type="radio"/>	C	D
33	A	B	C	<input checked="" type="radio"/>
34	A	B	<input checked="" type="radio"/>	D
35	A	B	C	<input checked="" type="radio"/>
36	A	<input checked="" type="radio"/>	C	D
37	A	B	<input checked="" type="radio"/>	D
38	A	B	<input checked="" type="radio"/>	D
39	A	B	<input checked="" type="radio"/>	D
40	A	B	C	<input checked="" type="radio"/>
41	A	<input checked="" type="radio"/>	C	D
42	A	B	C	<input checked="" type="radio"/>
43	A	B	C	<input checked="" type="radio"/>
44	A	B	<input checked="" type="radio"/>	D
45	A	<input checked="" type="radio"/>	C	D
46	A	<input checked="" type="radio"/>	C	D
47	A	B	C	<input checked="" type="radio"/>
48	A	B	<input checked="" type="radio"/>	D
49	A	B	<input checked="" type="radio"/>	D
50	A	B	<input checked="" type="radio"/>	D

51	A	<input checked="" type="radio"/>	C	D
52	<input checked="" type="radio"/>	B	C	D
53	A	B	C	<input checked="" type="radio"/>
54	A	B	C	<input checked="" type="radio"/>
55	A	B	<input checked="" type="radio"/>	D
56	A	B	C	<input checked="" type="radio"/>
57	A	<input checked="" type="radio"/>	C	D
58	A	B	C	<input checked="" type="radio"/>
59	<input checked="" type="radio"/>	B	C	D
60	<input checked="" type="radio"/>	B	C	D
61	A	B	<input checked="" type="radio"/>	D
62	<input checked="" type="radio"/>	B	C	D
63	A	B	C	<input checked="" type="radio"/>
64	<input checked="" type="radio"/>	B	C	D
65	A	B	<input checked="" type="radio"/>	D
66	A	<input checked="" type="radio"/>	C	D
67	A	<input checked="" type="radio"/>	C	D
68	A	B	C	<input checked="" type="radio"/>
69	<input checked="" type="radio"/>	B	C	D
70	A	B	<input checked="" type="radio"/>	D

*[Handwritten Signature]*  
Signature of the Candidate

*[Handwritten Signature]*  
Signature of the Invigilator with Date