

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

PQ ENTRANCE EXAM

2025

KEY

PROGRAMME NAME / SUBJECT NAME

HOSPITAL ADMINISTRATION

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OMR ANSWER SHEET NO.

Signature of Candidate

Signature of the Candidate

Signature of Invigilator

Signature of the Invigilator with Date