OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

Hospital Administration

Roll No.	Q. Booklet No.	Paper Code	Question Booklet Series
		2 6 4 1	B

OMR ANSWER SHEET NO. 190746

01	A	●	C	D	26	●	B	C	D	51	A	●	C	D	76	●	B	C	D
02	A	B	●	D	27	A	●	C	D	52	A	B	●	D	77	A	●	C	D
03	A	B	C	●	28	A	B	C	●	53	A	●	C	D	78	●	B	C	D
04	A	●	C	D	29	A	●	C	D	54	A	●	C	D	79	A	B	●	D
05	A	B	C	●	30	A	B	C	●	55	A	●	C	D	80	A	B	●	D
06	●	B	C	D	31	●	B	C	D	56	A	●	C	D	81	A	●	C	D
07	A	B	●	D	32	A	B	●	D	57	●	B	C	D	82	A	B	●	D
08	A	●	C	D	33	A	●	C	D	58	A	●	C	D	83	A	●	C	D
09	●	B	C	D	34	A	B	C	●	59	A	B	●	D	84	A	●	C	D
10	A	B	C	●	35	A	B	●	D	60	A	●	C	D	85	A	B	●	D
11	A	●	C	D	36	●	B	C	D	61	●	B	C	D	86	A	●	C	D
12	A	B	●	D	37	●	B	C	D	62	A	●	C	D	87	A	B	C	●
13	●	B	C	D	38	A	B	●	D	63	A	●	C	D	88	A	B	●	D
14	A	B	C	●	39	A	B	C	●	64	●	B	C	D	89	A	●	C	D
15	A	B	●	D	40	●	B	C	D	65	A	B	●	D	90	●	B	C	D
16	A	●	C	D	41	A	B	●	D	66	A	B	●	D	91	●	B	C	D
17	A	B	●	D	42	A	●	C	D	67	A	●	C	D	92	A	B	●	D
18	A	●	C	D	43	A	●	C	D	68	A	B	●	D	93	●	B	C	D
19	●	B	C	D	44	A	B	C	●	69	●	B	C	D	94	A	B	●	D
20	●	B	C	D	45	A	B	●	D	70	A	B	●	D	95	●	B	C	D
21	A	B	C	●	46	●	B	C	D	71	A	●	C	D	96	A	B	C	●
22	A	●	C	D	47	●	B	C	D	72	A	●	C	D	97	●	B	C	D
23	A	B	C	●	48	A	B	●	D	73	●	B	C	D	98	A	B	C	●
24	A	●	C	D	49	A	B	●	D	74	A	●	C	D	99	A	B	●	D
25	A	B	●	D	50	A	●	C	D	75	●	B	C	D	100	A	B	C	●

Signature of the Candidate

Signature of the Invigilator with Date