

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	
0000000000					00000000					2641				B	
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2222222222					22222222					0010				B	
3333333333					33333333					0010				C	
4444444444					44444444					0010				D	
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OMR ANSWER SHEET NO.

Signature of the Candidate

Signature of the Invigilator with Date