OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

Hospital Administration

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OMR ANSWER SHEET NO. 190747

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

Signature of the Candidate

Signature of the Invigilator with Date