

OMR ANSWER SHEET

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USE BLACK/BLUE BALL POINT PEN ONLY

NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

Hospital Administration

Roll No.

Q. Booklet No.

Paper Code

Question
Booklet
Series

C

190747

OMR ANSWER SHEET NO.

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A

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99	A	B	C	D
100	A	B	C	D

Signature of the Candidate

Signature of the Invigilator with Date