

OMR ANSWER SHEET

ORIGINAL COPY

USE BLACK/BLUE BALL POINT PEN ONLY

NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

Public Health (CM)

Roll No.

Q. Booklet No.

Paper Code

Question Booklet Series

A

191216

OMR ANSWER SHEET NO.

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9	9	9	0

B
C
D

01	☒	B	C	D
02	☒	B	C	D
03	A	B	☒	D
04	A	B	☒	D
05	A	B	☒	D
06	A	B	☒	D
07	A	☒	C	D
08	A	☒	C	D
09	☒	B	C	D
10	☒	B	C	D
11	A	☒	C	D
12	A	☒	C	D
13	A	☒	C	D
14	A	☒	C	D
15	A	B	☒	D
16	A	B	C	☒
17	☒	B	C	D
18	A	B	C	☒
19	A	B	☒	D
20	A	B	☒	D
21	A	B	C	☒
22	A	B	☒	D
23	☒	B	C	D
24	☒	B	C	D
25	A	☒	C	D

26	A	B	☒	D
27	☒	B	C	D
28	☒	B	C	D
29	A	☒	C	D
30	A	B	☒	D
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32	☒	B	C	D
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42	A	B	C	☒
43	A	B	☒	D
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56	A	☒	C	D
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72	A	B	C	☒
73	A	B	☒	D
74	☒	B	C	D
75	A	☒	C	D

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79	☒	B	C	D
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81	A	☒	C	D
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94	A	☒	C	D
95	A	☒	C	D
96	A	B	C	☒
97	☒	B	C	D
98	A	B	C	☒
99	☒	B	C	D
100	A	☒	C	D

[Signature]

Signature of the Candidate

[Signature] *[Signature]*

Signature of the Invigilator with Date