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
		2 6 1 9	A

OMR ANSWER SHEET NO. 191216

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

Signature of the Candidate

Signature of the Invigilator with Date