

OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

D. Pharm. (Biology group)

Roll No.	Q. Booklet No.	Paper Code	Question Booklet Series
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OMR ANSWER SHEET NO.

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93	A		C	D
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96	A	B	C	
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98	A		C	D
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Signature of the Candidate

Signature of the Invigilator with Date