

OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

D. Pharm - C Maths Group)

Roll No.	Q. Booklet No.	Paper Code	Question Booklet Series
0000000000	000000	2609	A
1111111111	111111	0	
2222222222	222222	1	
3333333333	333333	2	
4444444444	444444	3	
5555555555	555555	4	
6666666666	666666	5	
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OMR ANSWER SHEET NO.

01		B	C	D
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03	A		C	D
04	A		C	D
05		B	C	D
06		B	C	D
07	A	B		D
08	A	B		D
09		B	C	D
10		B	C	D
11		B	C	D
12	A	B	C	
13		B	C	D
14		B	C	D
15		B	C	D
16		B	C	D
17		B	C	D
18		B	C	D
19		B	C	D
20	A		C	D
21	A	B		D
22		B	C	D
23	A		C	D
24	A		C	D
25	A		C	D
26	A	B	C	
27	A	B	C	
28	A	B	C	
29	A		C	D
30	A		C	D
31		B	C	D
32	A	B	C	
33	A	B		D
34	A	B	C	
35	A	B		D
36	A		C	D
37	A	B	C	
38		B	C	D
39	A	B		D
40	A	B	C	
41	A	B		D
42		B	C	D
43	A	B		D
44		B	C	D
45	A		C	D
46	A		C	D
47	A	B	C	
48		B	C	D
49	A		C	D
50	A	B		D
51	A		C	D
52	A	B	C	
53	A	B	C	
54		B	C	D
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56	A		C	D
57	A	B		D
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86		B	C	D
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88	A		C	D
89	A	B	C	
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91	A		C	D
92	A	B		D
93		B	C	D
94	A		C	D
95	A		C	D
96	A	B	C	
97	A		C	D
98	A	B		D
99	A	B		D
100	A	B	C	

Signature of the Candidate

Signature of the Invigilator with Date