

# OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

D-Pharm (Bio)

Roll No. -

Q. Booklet No.

Paper Code

Question  
Booklet  
Series

D

A ①

B ②

C ③

D

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OMR ANSWER SHEET NO.

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Signature of the Candidate

Signature of the Candidate

Signature of the Invigilator with Date

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