

(Invigilator :- Please fold along perforation and tear after examination is over).

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 (Math)

Roll No. -

Q. Booklet No.

Paper Code

Question
Booklet
Series

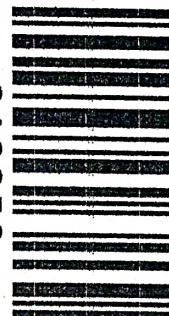
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5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
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9	9	9	9	9	9	9	9	9	9

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9	9	9	9	9	9

1	0	0	2
0	●	●	0
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2	2	2	●
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

A	1
B	2
C	3
D	●

218859



OMR ANSWER SHEET NO.

1	●	B	C	D
2	A	B	●	D
3	A	B	●	D
4	A	B	C	●
5	A	●	C	D
6	●	B	C	D
7	A	B	●	D
8	A	●	C	D
9	●	B	C	D
10	A	B	C	●
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	A	B	●	D
18	A	●	C	D
19	A	B	●	D
20	A	B	C	●
21	A	●	C	D
22	●	B	C	D
23	A	B	●	D
24	A	B	●	D
25	●	B	C	D

26	A	●	C	D
27	A	B	●	D
28	A	B	●	D
29	A	B	●	D
30	●	B	C	D
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32	A	B	C	●
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38	A	B	C	●
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48	A	B	C	●
49	A	B	C	●
50	A	●	C	D

51	A	B	C	●
52	A	B	C	●
53	A	B	C	●
54	A	●	C	D
55	●	B	C	D
56	A	B	●	D
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63	●	B	C	D
64	●	B	C	D
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66	A	B	●	D
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70	●	B	C	D
71	A	B	C	●
72	A	B	●	D
73	●	B	C	D
74	A	B	C	●
75	A	●	C	D

76	A	B	●	D
77	A	B	●	D
78	A	●	C	D
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81	A	●	C	D
82	A	B	●	D
83	A	B	●	D
84	A	B	C	●
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86	A	●	C	D
87	●	B	C	D
88	A	B	●	D
89	A	B	C	●
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91	A	B	●	D
92	A	●	C	D
93	A	●	C	D
94	A	B	●	D
95	A	●	C	D
96	A	●	C	D
97	A	B	C	●
98	A	●	C	D
99	●	B	C	D
100	●	B	C	D

Signature of the Candidate

Signature of the Candidate