

(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

PG Entrance 2022

PROGRAMME NAME / SUBJECT NAME

~~EMPH~~ Public Health (Community Medicine)

Roll No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Q. Booklet No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

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

Question Booklet Series	
<input type="checkbox"/>	B
A	1
B	●
C	3
D	4



OMR ANSWER SHEET NO.

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

Signature of the Candidate

Signature of the Invigilator with Date