

(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

P.G. 2022	
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PROGRAMME NAME / SUBJECT NAME

<del>EMP</del> Public Health (Community Medicine)
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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	
C	
A	1
B	2
C	●
D	4

313902



OMR ANSWER SHEET NO.

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

*[Signature]*

Signature of the Candidate

*[Signature]*

Signature of the Invigilator with Date