OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

(COMMUNITY MEDICINE)

SUBJECT NAME

PUBLIC HEALTH (CM)-1336 B

Roll No.	Q. Booklet No.	Paper Code	Question Booklet Series
		1 3 3 6	B

OMR ANSWER SHEET NO. 3624774

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

Signature of the Candidate

Signature of the Invigilator with Date

1629