

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

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
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OMR ANSWER SHEET NO.

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Signature of the Candidate

Signature of the Invigilator with Date