OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME

HOSPITAL ADMINISTRATION (1334) B

Roll No.	Q. Booklet No.	Paper Code	Question Booklet Series
		1 3 3 4	B

A ① B ● C ③ D ④

OMR ANSWER SHEET NO. 342355

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

Signature of the Candidate

Signature of the Invigilator with Date

1629