

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME

HOSPITAL ADMINISTRATION (1334) D

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
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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.				
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7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Paper Code			
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3	3	3	3
4	4	4	4
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7	7	7	7
8	8	8	8
9	9	9	9

Question Booklet Series	
D	
A	1
B	2
C	3
D	



OMR ANSWER SHEET NO.

1	☒	B	C	D
2	A	☒	C	D
3	A	☒	C	D
4	☒	B	C	D
5	☒	B	C	D
6	A	B	☒	D
7	A	☒	C	D
8	A	B	☒	D
9	A	B	☒	D
10	A	B	☒	D
11	A	B	C	☒
12	A	☒	C	D
13	A	☒	C	D
14	A	B	C	☒
15	A	B	☒	D
16	A	B	☒	D
17	☒	B	C	D
18	A	☒	C	D
19	A	☒	C	D
20	☒	B	C	D
21	A	B	C	☒
22	A	B	☒	D
23	A	☒	C	D
24	A	B	☒	D
25	☒	B	C	D

26	A	B	☒	D
27	A	B	C	☒
28	A	B	C	☒
29	A	B	☒	D
30	A	B	☒	D
31	A	B	☒	D
32	A	B	C	☒
33	A	☒	C	D
34	A	B	C	☒
35	A	☒	C	D
36	A	☒	C	D
37	☒	B	C	D
38	A	B	☒	D
39	☒	B	C	D
40	☒	B	C	D
41	A	☒	C	D
42	A	☒	C	D
43	A	B	☒	D
44	A	☒	C	D
45	A	B	C	☒
46	A	B	C	☒
47	A	B	☒	D
48	A	B	☒	D
49	A	B	C	☒
50	A	☒	C	D

51	A	B	☒	D
52	A	B	☒	D
53	A	B	C	☒
54	A	☒	C	D
55	A	☒	C	D
56	☒	B	C	D
57	☒	B	C	D
58	A	B	C	☒
59	A	B	C	☒
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66	A	B	C	☒
67	A	B	☒	D
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69	A	B	☒	D
70	☒	B	C	D
71	A	B	C	☒
72	A	B	☒	D
73	A	☒	C	D
74	A	B	☒	D
75	A	B	☒	D

76	A	B	☒	D
77	A	B	C	☒
78	☒	B	C	D
79	A	B	C	☒
80	☒	B	C	D
81	A	B	C	☒
82	☒	B	C	D
83	A	B	☒	D
84	☒	B	C	D
85	A	☒	C	D
86	☒	B	C	D
87	A	☒	C	D
88	☒	B	C	D
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91	☒	B	C	D
92	A	B	C	☒
93	A	B	C	☒
94	A	☒	C	D
95	A	☒	C	D
96	☒	B	C	D
97	A	B	☒	D
98	A	B	☒	D
99	☒	B	C	D
100	A	B	☒	D

[Signature]
Signature of the Candidate

[Signature]
Signature of the Invigilator with Date