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.	Q. Booklet No.	Paper Code	Question Booklet Series
		1 3 3 4	D

OMR ANSWER SHEET NO. 342357

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

Signature of the Candidate

Signature of the Invigilator with Date

1629