

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME FOR Ph.D.

COMMERCE

Roll No.									
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Question Booklet Series
C
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B <input type="radio"/>
C <input checked="" type="radio"/>
D <input type="radio"/>

501820



OMR ANSWER SHEET NO.

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Signature of the Candidate

Signature of the Invigilator with Date