

LAJPATRAI MEHRA NEUROTHERAPY RESEARCH & TRAINING INSTITUTE

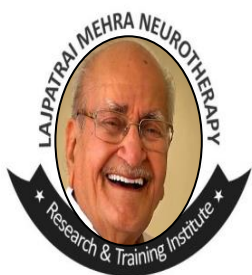
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EXAM ANSWER SHEET

(SESSION 20__ To __)

* Filled by students (In Capital Letters)

EXAM CENTRE NAME _____

STUDENT NAME _____ SEX _____ ROLL NO. _____

FATHER/HUSBAND NAME _____ BATCH NO. _____

PAPER NAME _____ STUDY CENTRE NAME _____

EXTERNAL EXAMINER NAME _____ DATE / DAY _____

EXTERNAL EXAMINER SIGN.

EXAM CENTRE INCHARGE SEAL / SIGN.

STUDENT SIGN.

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Que. 2

Que. 5

Que. 3

Que. 6

TOTAL MARKS

/ 100

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DATE :-