

ENTRANCE EXAMINATION HALL TICKET

M.D (HOMOEOPATHY) COURSE 2014-2015 Session

(OFFICE USE ONLY)

Name in Capital letters : Dr.

**Affix passport size
Photograph, Same
photo as in the
Application form
duly attested by a
Gazetted Officer**

Entrance Examination Number :

**Centre : Arignar Anna Govt. Hospital of Indian Medicine
Campus, Arumbakkam, Chennai-106**

Date & Time of Examination : 26.07.2014 (Saturday) 09.30 AM

Signature of the Candidate

**Secretary,
Selection Committee.**

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