

ENTRANCE EXAMINATION HALL TICKET

POST GRADUATE M.D (HOMOEOPATHY) COURSE 2015-2016

(OFFICE USE ONLY)

Name in Block letter : Dr.

**Affix Self-Attested passport size
Photograph**

Entrance Examination Number

Centre:

Date of Examination : 16-08-2015, 09.30 a.m.

Signature of the candidate:

**Secretary,
Selection Committee**

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