

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : (POST-CERTIFICATE) PUBLIC HEALTH NURSING

Subject :

Center Name : SCHOOL OF PUBLIC HEALTH NURSING, NAGPUR

Date:-

Sr . No.	Seat No.	Signature of Student
1	1	
2	2	
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22	22	
23	23	
24	24	

Signature of centre incharge

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Sr . No.	Seat No.	Signature of Student
25	25	

Signature of centre incharge

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Signature of centre incharge