

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : AUXILLARY NURSE MIDWIFERY FIRST YEAR

Subject : HEALTH PROMOTION

Center Name : BHAKTI VEDANTA HOSPITAL , SCHOOL OF NURSING , THANE

Date:-

Sr . No.	Seat No.	Signature of Student
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Signature of centre incharge

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Examination Name : AUXILLARY NURSE MIDWIFERY FIRST YEAR

Subject : HEALTH PROMOTION

Center Name : GENERAL HOSPITAL, Jalna

Date:-

Sr . No.	Seat No.	Signature of Student
13	13	
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Signature of centre incharge

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Academic Year : 2020-21

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Center Name : CIVIL HOSPITAL, AMKHAS MAIDAN, AURANGABAD

Date:-

Sr . No.	Seat No.	Signature of Student
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Signature of centre incharge

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Center Name : CIVIL HOSPITAL, AMKHAS MAIDAN, AURANGABAD

Date:-

Sr . No.	Seat No.	Signature of Student
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Signature of centre incharge

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Subject : HEALTH PROMOTION
Center Name : GENERAL HOSPITAL, HINGOLI

Date:-

Sr . No.	Seat No.	Signature of Student
80	80	
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Signature of centre incharge

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Date:-

Sr . No.	Seat No.	Signature of Student
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Signature of centre incharge