

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : CAMA & ALBLESS HOSPITAL , MUMBAI

Date:-

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

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Subject :

Center Name : CAMA & ALBLESS HOSPITAL , MUMBAI

Date:-

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

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Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : C.P.R. GENERAL HOSPITAL, KOLHAPUR

Date:-

Sr . No.	Seat No.	Signature of Student
39	39	
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Signature of centre incharge

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Subject :

Center Name : C.P.R. GENERAL HOSPITAL, KOLHAPUR

Date:-

Sr . No.	Seat No.	Signature of Student
63	63	
64	64	

Signature of centre incharge

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : DAGA MEMORIAL HOSPITAL, NAGPUR

Date:-

Sr . No.	Seat No.	Signature of Student
65	65	
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Signature of centre incharge

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Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : DAGA MEMORIAL HOSPITAL, NAGPUR

Date:-

Sr . No.	Seat No.	Signature of Student
89	89	
90	90	
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103	103	

Signature of centre incharge

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : Dist.Hospital for Women, Akola

Date:-

Sr . No.	Seat No.	Signature of Student
104	104	
105	105	
106	106	
107	107	
108	108	
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127	127	

Signature of centre incharge

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Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : Dist.Hospital for Women, Akola

Date:-

Sr . No.	Seat No.	Signature of Student
128	128	
129	129	
130	130	
131	131	
132	132	
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146	146	

Signature of centre incharge

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : A.N.M. PROMOTIONAL (L. H .V.)

Subject :

Center Name : Shri Guru Govind Singh Mem. Hospital, Station Road, Nanded

Date:-

Sr . No.	Seat No.	Signature of Student
147	147	
148	148	
149	149	
150	150	
151	151	
152	152	
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Subject :

Center Name : Shri Guru Govind Singh Mem. Hospital, Station Road, Nanded

Date:-

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