

# MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2021-22

Examination Name : AUXILLARY NURSE MIDWIFERY SECOND YEAR

Subject :

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

Date:-

Sr . No.	Seat No.	Signature of Student
1	1	
2	2	
3	3	

Signature of centre incharge

**MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION**

**Academic Year :** 2021-22

**Examination Name :** AUXILLARY NURSE MIDWIFERY SECOND YEAR

**Subject :**

**Center Name :** GENERAL HOSPITAL, Jalna

**Date:-**

<b>Sr . No.</b>	<b>Seat No.</b>	<b>Signature of Student</b>
4	4	

**Signature of centre incharge**

**MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION**

**Academic Year :** 2021-22

**Examination Name :** AUXILLARY NURSE MIDWIFERY SECOND YEAR

**Subject :**

**Center Name :** AURANGABAD NURSING SCHOOL, AURANGABAD

**Date:-**

<b>Sr . No.</b>	<b>Seat No.</b>	<b>Signature of Student</b>
5	5	
6	6	
7	7	
8	8	

**Signature of centre incharge**

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