

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2017-18

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : CAMA & ALBLESS HOSPITAL , MUMBAI

Date:-

Sr . No.	Seat No.	Signature of Student
1	131	
2	132	
3	133	
4	134	
5	135	
6	136	
7	137	
8	138	
9	139	
10	140	
11	141	
12	142	
13	143	
14	144	
15	145	
16	146	
17	147	
18	148	
19	149	
20	150	
21	151	
22	152	
23	153	
24	154	
25	155	
26	156	
27	157	

Signature of centre incharge

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Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : CAMA & ALBLESS HOSPITAL , MUMBAI

Date:-

Sr . No.	Seat No.	Signature of Student
28	158	
29	159	
30	160	
31	161	
32	162	
33	163	
34	164	
35	165	
36	166	
37	167	
38	168	
39	169	
40	170	
41	171	

Signature of centre incharge

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

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

Date:-

Sr . No.	Seat No.	Signature of Student
42	1	
43	2	
44	3	
45	4	
46	5	
47	6	
48	7	
49	8	
50	9	
51	10	
52	11	
53	12	
54	13	
55	14	
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57	16	
58	17	
59	18	
60	19	
61	20	
62	21	
63	22	
64	23	
65	24	
66	25	
67	26	
68	27	

Signature of centre incharge

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

Date:-

Sr . No.	Seat No.	Signature of Student
69	28	
70	29	
71	30	
72	31	
73	32	
74	33	

Signature of centre incharge

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Academic Year : 2017-18

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : DAGA MEMORIAL HOSPITAL, NAGPUR

Date:-

Sr . No.	Seat No.	Signature of Student
75	34	
76	35	
77	36	
78	37	
79	38	
80	39	
81	40	
82	41	
83	42	
84	43	
85	44	
86	45	
87	46	
88	47	
89	48	
90	49	
91	50	
92	51	
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94	53	
95	54	
96	55	
97	56	
98	57	
99	58	
100	59	
101	60	

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : DAGA MEMORIAL HOSPITAL, NAGPUR

Date:-

Sr . No.	Seat No.	Signature of Student
102	61	
103	62	
104	63	
105	64	
106	65	
107	66	
108	67	
109	68	
110	69	
111	70	
112	71	
113	72	

Signature of centre incharge

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Academic Year : 2017-18

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : Dist.Hospital for Women, Akola

Date:-

Sr . No.	Seat No.	Signature of Student
114	73	
115	74	
116	75	
117	76	
118	77	
119	78	
120	79	
121	80	
122	81	
123	82	
124	83	
125	84	
126	85	
127	86	
128	87	
129	88	
130	89	
131	90	
132	91	
133	92	
134	93	
135	94	
136	95	
137	96	
138	97	
139	98	
140	99	

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Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

Center Name : Dist.Hospital for Women, Akola

Date:-

Sr . No.	Seat No.	Signature of Student
141	100	
142	101	
143	102	
144	103	
145	104	
146	105	
147	106	
148	107	
149	108	

Signature of centre incharge

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

Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

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

Date:-

Sr . No.	Seat No.	Signature of Student
150	109	
151	110	
152	111	
153	112	
154	113	
155	114	
156	115	
157	116	
158	117	
159	118	
160	119	
161	120	
162	121	
163	122	
164	123	
165	124	
166	125	
167	126	
168	127	
169	128	
170	129	
171	130	

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Subject : M.C.H. FAMILY WELFARE, COMMUNITY HEALTH

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