

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Academic Year : 2020-21

Examination Name : POST BASIC DIPLOMA IN PSYCHIATRIC/MENTAL HEALTH NURSING

Subject :

Center Name : GENERAL HOSPITAL, JALGAON

Date:-

Sr . No.	Seat No.	Signature of Student
1	5	
2	6	
3	7	
4	8	
5	9	
6	10	
7	11	

Signature of centre incharge

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Academic Year : 2020-21

Examination Name : POST BASIC DIPLOMA IN PSYCHIATRIC/MENTAL HEALTH NURSING

Subject :

Center Name : POONA HOSPITAL RESEARCH CENTRE, SON, PUNE

Date:-

Sr . No.	Seat No.	Signature of Student
8	12	
9	13	
10	14	
11	15	
12	16	
13	17	
14	18	

Signature of centre incharge

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Academic Year : 2020-21

Examination Name : POST BASIC DIPLOMA IN PSYCHIATRIC/MENTAL HEALTH NURSING

Subject :

Center Name : SCHOOL OF NURSING, INHS ASHVINI , MUMBAI

Date:-

Sr . No.	Seat No.	Signature of Student
15	1	
16	2	
17	3	
18	4	

Signature of centre incharge

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Signature of centre incharge