



STATE(2)	BATCH NO (5)	SHT. NO (2)	DISTRICT NAME (9)	PIN CODE (6)	SUBJECT (2) FA/HN/MC/HS/MS	EXAM CD	EXAMINATION DATE (DD/MM/YY)
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Sr. No. 06	Name of Candidate (30 Char.-Capital Letter)									
Father/husband Name (30 Char.-Capital Letter)										
Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Sr. No. 07	Name of Candidate (30 Char.-Capital Letter)									
Father/husband Name (30 Char.-Capital Letter)										
Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Sr. No. 08	Name of Candidate (30 Char.-Capital Letter)									
Father/husband Name (30 Char.-Capital Letter)										
Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Sr. No. 09	Name of Candidate (30 Char.-Capital Letter)									
Father/husband Name (30 Char.-Capital Letter)										
Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

No. of Candidates Examined	No. of Candidates Passed

I hereby certify that the candidates whose names are written above have attended the requisite number of lectures.

Seal & Signature alongwith qualification of Instructor  
 His/Her Registration No.....Valid upto.....  
 allotted by the NHQ  
 Residential Address.....  
 Phone No.....(Mob.).....  
 (with STD Code)

I hereby certify that the Marks allotted to the candidates whose names are written above have given answers for the tests set as indicated on the form.

Seal & Signature alongwith qualification of Surgeon Examiner,  
 Qualifications with full denotations should be reproduced in block letters.  
 Residential Address.....  
 Phone No.....(Mob.).....  
 (with STD Code)



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	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks	

Sr. No. 07	Name of Candidate (30 Char.-Capital Letter)									
	Father/husband Name (30 Char.-Capital Letter)									
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks	

Sr. No. 08	Name of Candidate (30 Char.-Capital Letter)									
	Father/husband Name (30 Char.-Capital Letter)									
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks	

Sr. No. 09	Name of Candidate (30 Char.-Capital Letter)									
	Father/husband Name (30 Char.-Capital Letter)									
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks	

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