



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL INSTITUTE OF PUBLIC HEALTH
DELHI

Form No. 1
Date: 10/10/2018
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Subject: Public Health
Topic: Public Health
Institution: Public Health

Sl. No.	Name of the Candidate	Roll No.	Grade	Marks	Percentage	Remarks
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Signature of Candidate: _____
Signature of Examiner: _____
Signature of Head of Institution: _____

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For placement, etc.