



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

No. Exam. _____ /20

Date _____

DAILY ACCOUNT OF ANSWER BOOKS

(To be filled in Duplicate)

____ Examination Exam. Centre _____

Course: _____ Speciality; if any: _____ Sub Code: _____ Sub Title: _____

Date	Day	Session	Question Code	Sl No of the Answer Books Used.

Original copy should be sent to Controller of Examination and duplicate copy should be retained by the Centre for record _____

Signature of Centre Superintendent with seal