



# 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