

Uttarakhand Medical Service Selection Board, Dehradun
X-Ray Technician Written Examination-2021
(Medical Health and Family Welfare, Uttarakhand)

Format of Objection Regarding Answer Key
(Please fill clearly with Blue Ball Pen)

Roll No.		Candidate's Father/Husband Name	
Candidate Name		Date of Birth	
Name of Subject	(Please write your Subject: Paper I or Paper II)		
Question Booklet Series	(Please select your Question Booklet series only A, B, C, D)		
Question No.	Board Answer	Candidate Answer	
1	2	3	

Number of Attachment:

(Signature Candidate)

Name:

Address:

Contact No.

Mail Id.: