

**Uttarakhand Medical Service Selection Board, Dehradun**  
**Assistant Professor (Nursing) Written Examination-2021**  
**(For Government Nursing College of Uttarakhand State)**

**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)		
<b>Question No.</b>	<b>Board Answer</b>	<b>Candidate Answer</b>	
<b>1</b>	<b>2</b>	<b>3</b>	

**Number of Attachment:**

**(Signature Candidate)**

Name:

Address:

Contact No.

Mail Id.:

**Uttarakhand Medical Service Selection Board, Dehradun**  
**Associate Professor (Nursing) Written Examination-2021**  
**(For Government Nursing College of Uttarakhand State)**

**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	
Written Examination Shift	(1 <sup>st</sup> Shift or 2 <sup>nd</sup> Shift)		Written Examination Time:
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)		
<b>Question No.</b>	<b>Board Answer</b>	<b>Candidate Answer</b>	
<b>1</b>	<b>2</b>	<b>3</b>	

**Number of Attachment:**

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