

MEDICAL SOCIAL WORKER EXAMINATION:- 2021

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	
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:

Date:

(Signature Candidate)

Name

Address:

Contact No.

Mail Id.: