

Institute of Kidney Diseases & Research Centre- Civil Hospital Campus, Asarwa, Ahmedabad – 380 016

EXAM DATE: / /

Post Name:				
Candidate Seat No.				
Candidate Name				
Question (A/B/C/D)	Paper	Set		
Question No.				
Question				
Options	A			
	B			
	C			
	D			
Key uploaded on website				
Key Suggested By Candidate				
Remark by Candidate (Reference of the suggested answer OR Remark by the candidate)				
Candidate Signature				