

Institute of Kidney Diseases and Research Centre, Civil Hospital Campus, Asarwa Ahmedabad-380016

Exam Date:

Post Name:			
Candidate Seat No.			
Candidate Name:			
Question Paper Set (A/B/C/D)			
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			