



## Roll Number Slip

REGISTRATION NO. _____	<b>AFFIX LATEST PASSPORT SIZE PHOTOGRAPH</b>
ROLL NO ALLOTTED. _____	
NAME OF THE CANDIDATE _____ _____	
FATHER'S/ HUSBAND NAME _____	
ADDRESS _____ _____	
SIGNATURE OF THE CANDIDATE _____	
Assistant Controller Examination (Professional Conduct)	
DATE:- _____	

## Attendance Sheet

**Foundations of Community Health** COURSE CODE: **BNS-041**

**Date of Examination:** \_\_\_\_\_

Roll No.	Name of Candidate	Answer Book No.	Signature of Candidate

**Primary Health Care in Common Conditions** COURSE CODE: **BNS-042**

**Date of Examination:** \_\_\_\_\_

Roll No.	Name of Candidate	Answer Book No.	Signature of Candidate

Signature of Supervisor

Name: \_\_\_\_\_

Signature of Superintendent

Name: \_\_\_\_\_

