



**THE NATIONAL ACADEMY OF MEDICAL SCIENCES**  
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Name of the Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Pin Code: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_  
 Roll No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

Sl. No.	Name of the Candidate	Roll No.	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Total Marks: \_\_\_\_\_  
 Name of the Candidate: \_\_\_\_\_  
 Roll No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

I hereby certify that the above mentioned candidate has been duly examined and the result is as follows: \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_  
 Date: \_\_\_\_\_