

NAME OF THE COLLEGE-EXAMINATION CENTRE

(Affiliated to Odisha University of Health Sciences, Bhubaneswar)

No.

Date:

DISPATCH MEMO

Examination: -

Centre _____

Date _____ Course _____

Specialty; if any: _____ Subject Code _____

Sub Title _____ Q. Code _____

Yearly & or Semester _____

Total No. of Answer Books Packed _____

Total No. of Candidates absent (with Regn no.) _____

Stamp with College Code on answer books:

RECEIPT

Received _____ Packed of answer sheets from the Centre Superintendent

of _____,

dated _____ Session _____ on _____ at _____ PM

Auth. Signatory

Date

Seal