

**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR**

STATEMENT OF EXAM DUTY PERFORMED BY NODAL OFFICER & SUBJECT EXPERTS

Name of Examination: Page No:

(Extra forms can be used if necessary)

Sl.No.	DATE	NODAL OFFICER		SUBJECT EXPERTS		
		Name	Signature	Name	Subject	Signature
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[Certified that the above persons have satisfactorily performed their duties assigned to them by the Controller of Examinations, KUHS]

Date:

Place:

Nodal Officer

Countersigned by

Controller of Examinations