DHARWAD INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES, DHARWAD
PROVISIONAL ANSWER-KEY - Physiotherapist

26-Aug-14

QNNO	A1	A2	A3	A4
1	B	C	A	A
2	B	B	B	A
3	A	C	D	C
4	D	D	D	B
5	C	D	C	A
6	B	A	C	C
7	D	C	D	A
8	A	A	A	C
9	C	C	B	C
10	B	C	B	C
11	C	A	C	D
12	D	A	A	A
13	D	A	B	D
14	A	B	B	A
15	C	D	A	C
16	A	C	C	B
17	C	B	A	A
18	C	A	A	C
19	A	B	C	B
20	A	D	B	B
21	A	D	A	B
22	B	C	C	A
23	D	C	A	D
24	C	D	C	C
25	B	A	C	B
26	A	B	C	D
27	B	B	D	A
28	D	C	A	C
29	D	A	D	B
30	C	B	A	C
31	C	B	C	D
32	D	A	B	D
33	A	C	A	A
34	B	A	C	C
35	B	A	B	A
36	C	C	B	C
37	A	B	B	C
38	B	A	A	A
39	B	C	D	A
40	A	A	C	A
41	C	C	B	B
42	A	C	D	D
43	A	C	A	C
44	C	D	C	B
45	B	A	B	A
46	A	D	C	B
47	C	A	D	D
48	A	C	D	D
49	C	B	A	C
50	C	A	C	C
51	C	C	A	D
52	D	B	C	A
53	A	B	C	B
54	D	B	A	B
55	A	A	A	C
56	C	D	A	A
57	B	C	B	B
58	A	B	D	B
59	C	D	C	A
60	B	A	B	C

Objections, if any, should be submitted with justification through e-mail: keauthority-ka@nic.in on or before 30-08-2014 before 5.30 pm. While submitting the objections the subject, version code and question number should clearly be mentioned. Objections without justifications will not be considered.