

Merchant Shipping Secretariat Ministry of Ports & Shipping

Conduct an Exam

Examination :								
Month:		Year:						
Subject:								
No of Answer So	cripts:							
		(In words and Figu	ures)					
Invigilates / Supe	-							
	Name)	(Date)	(Signature)					
Handed over to t	he examiner fo	or correction on:						
		(Date)						
Received / correc	cted by:							
	(Name	of the Examiner)	(Date)	(Signature)				
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