

JUNIOR RED CROSS KERALA

A/ B / C Level EXAMINATION 20....-....20....

QUESTION PAPER'S A/ B /C Level

.....REV DIST

CENTRE NAME :.....

Date of examination.....Time.....

No of Questions: Anos..

B.....nos

C.....nos

Opened by me at (Time).....

Signature of chief superintendent

Signature of deputy chief superintendent

