



GOVERNMENT OF JAMMU AND KASHMIR  
HEALTH AND MEDICAL EDUCATION DEPARTMENT  
**GOVERNMENT MEDICAL COLLEGE ANANTNAG**

MAIN CAMPUS DIALGAM-192210 | ASSOCIATED HOSPITALS, JANGLAT MANDI & SHERBAGH-192101  
E- mail Id- [gmcantnag2018@gmail.com](mailto:gmcantnag2018@gmail.com) Website: [www.gmcantnag.net](http://www.gmcantnag.net)



No. GMCA/PS/1408

Dated: 20.04.2025

**Subject: Written Test for the recruitment of Multi Rehabilitation Worker on contractual basis under S.O.364.**

The provisional key of Question Paper pertaining to the written test for the contractual post of Multi Rehabilitation Worker under S.O.364 held on 20.04.2025 is hereby notified for seeking objection(s) from candidates.

Q. No	Answer	Q. No.	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer
1.	A	11.	B	21.	A	31.	A	41.	C
2.	A	12.	D	22.	A	32.	C	42.	A
3.	B	13.	C	23.	A	33.	B	43.	B
4.	A	14.	B	24.	B	34.	D	44.	B
5.	C	15.	D	25.	D	35.	D	45.	C
6.	A	16.	B	26.	D	36.	A	46.	C
7.	B	17.	A	27.	B	37.	C	47.	C
8.	D	18.	B	28.	B	38.	B	48.	B
9.	C	19.	C	29.	A	39.	A	49.	A
10.	C	20.	D	30.	C	40.	D	50.	C

If any candidate(s) feels that the key to any of the question(s) is wrong, he/she may give a representation on a prescribed format annexed as Annexure "A" along with documentary proof/evidence from a standard test book/reference and a fee of Rs. 300/- (in form of demand draft) per question (refundable in case of genuine/correct representation) to the Principal, Government Medical College, Anantnag within a period of three (03) days from the issuance of this notification.

Sd/-

**Prof. (Dr.) Rukhsana Najeeb**  
Principal  
Government Medical College  
Anantnag



GOVERNMENT OF JAMMU AND KASHMIR  
HEALTH AND MEDICAL EDUCATION DEPARTMENT  
**GOVERNMENT MEDICAL COLLEGE ANANTNAG**

MAIN CAMPUS DIALGAM-192210 | ASSOCIATED HOSPITALS, JANGLAT MANDI & SHERBAGH-192101  
E- mail Id- [gmcnantnag2018@gmail.com](mailto:gmcnantnag2018@gmail.com) Website: [www.gmcnantnag.net](http://www.gmcnantnag.net)



**Annexure “A”**

**Representation regarding objection(s) to any question/answer pertaining to Multi  
Rehabilitation Worker under S.O.364 Written Test held on 20.04.2025**

Name of Applicant: \_\_\_\_\_

Roll No. \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

Demand Draft No. & Date \_\_\_\_\_

Candidate's Account No. (16 digit) & IFSC Code \_\_\_\_\_

\_\_\_\_\_

Question No.	Details of Objection	Detailed References

**Signature of the Candidate**

**Note:** Application for each question/answer shall be made on separate page in the given format.  
Page 2 of 2