

NATIONAL HEALTH MISSION, KOZHIKODE**WITTEN EXAM-SHORT LIST****POST:OPTOMETRIST****VENUE: DISTRICT PANCHAYATH CONFERENCE HALL,
KOZHIKODE****INTERVIEW DATE:28.02.2024**

SL. NO	REG. NO	Name	DATE OF BIRTH
1	1	AHALYA U R	30-05-1996
2	9	ANJU. P	18-05-1987
3	11	APARNA OM	07-02-1998
4	18	ASWIN E	25-03-1996
5	21	BIDHUNA S	11-05-1998
6	24	FARSANA P M	02-11-1994
7	27	FATHIMATHUL THESHBIRA	24-12-1999
8	30	HIBA V	20-01-2001
9	32	JITHIN P K	30-05-1996
10	34	LISHANA E K	15-05-1989
11	38	NITHA K P	31-01-1991
12	40	RESHMA R	25-05-1984
13	41	RESHMI N M	08-10-1992

**District Programme Manager,
Arogyakeralam, Kozhikode**05.03.2024
Kozhikode

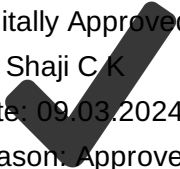
Approval Valid

Digitally Approved By

Dr. Shaji C.K

Date: 09.03.2024

Reason: Approved



The document is digitally approved. Hence signature is not needed.