

NAME OF THE EXAMINATION: _____ DATE: _____

NAME OF CANDIDATE (IN CAPITAL LETTERS)																										
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

CLASS	SECTION	ROLL NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
9th <input type="radio"/>	A <input type="radio"/>	0 <input type="radio"/>
	B <input type="radio"/>	1 <input type="radio"/>
10th <input type="radio"/>	C <input type="radio"/>	2 <input type="radio"/>
	D <input type="radio"/>	3 <input type="radio"/>
11th <input type="radio"/>	E <input type="radio"/>	4 <input type="radio"/>
	F <input type="radio"/>	5 <input type="radio"/>
12th <input type="radio"/>	G <input type="radio"/>	6 <input type="radio"/>
	H <input type="radio"/>	7 <input type="radio"/>
	I <input type="radio"/>	8 <input type="radio"/>
	J <input type="radio"/>	9 <input type="radio"/>

SUBJECT & SET /CODE	ADMISSION No.
<input type="text"/>	<input type="text"/>
0 <input type="radio"/>	0 <input type="radio"/>
1 <input type="radio"/>	1 <input type="radio"/>
2 <input type="radio"/>	2 <input type="radio"/>
3 <input type="radio"/>	3 <input type="radio"/>
4 <input type="radio"/>	4 <input type="radio"/>
5 <input type="radio"/>	5 <input type="radio"/>
6 <input type="radio"/>	6 <input type="radio"/>
7 <input type="radio"/>	7 <input type="radio"/>
8 <input type="radio"/>	8 <input type="radio"/>
9 <input type="radio"/>	9 <input type="radio"/>

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

INSTRUCTIONS FOR MARKING OMR SHEET

- Use Black/Blue ball point pen for writing
- Darken only one circle for marking response against the question to answer
- To record response.

CORRECT METHOD

WRONG METHOD

Invigilator Signature

Candidate Signature with Date

MARKS OBTAINED	EXAMINER'S SIGNATURE