

(Invigilator :- Please fold along perforation and tear after examination is over).

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

ALIM

Roll No.

Q. Booklet No.

Paper Code

Question Booklet Series

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C	<input type="radio"/>
D	<input type="radio"/>



OMR ANSWER SHEET NO.

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Signature of the Candidate

Signature of the Invigilator with Date