

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

# OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

B.EL.Ed.

Roll No. -	Q. Booklet No.	Paper Code	Question Booklet Series
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2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2	B ②
3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3	C ③
4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4	D ●
5 5 5 5 5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5	
6 6 6 6 6 6 6 6 6 6	6 6 6 6 6 6	6 6 6 6	
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1	●	B	C	D
2	A	●	C	D
3	A	●	C	D
4	●	B	C	D
5	A	●	C	D
6	A	●	C	D
7	A	●	C	D
8	●	B	C	D
9	A	●	C	D
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15	A	B	C	●
16	A	●	C	D
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18	●	B	C	D
19	●	B	C	D
20	●	B	C	D
21	A	●	C	D
22	A	B	C	●
23	A	B	C	●
24	A	●	C	D
25	A	B	C	●
26	●	B	C	D
27	A	●	C	D
28	●	B	C	D
29	A	B	C	●
30	●	B	C	D
31	A	●	C	D
32	●	B	C	D
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35	A	B	●	D
36	●	B	C	D
37	A	B	●	D
38	A	B	C	●
39	●	B	C	D
40	A	B	C	●
41	A	B	C	●
42	A	●	C	D
43	A	●	C	D
44	A	B	C	●
45	A	●	C	D
46	A	B	C	●
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55	A	B	C	●
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95	●	B	C	D
96	A	B	●	D
97	A	B	●	D
98	●	B	C	D
99	●	B	C	D
100	A	B	●	D

Signature of the Candidate

Signature of the Invigilator with Date