

# OMR ANSWER SHEET

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Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

BCA

| Roll No.             | Q Booklet No.        | Paper Code          | Question Booklet Series            |
|----------------------|----------------------|---------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | 2 0 0 9             | A                                  |
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OMR ANSWER SHEET NO.

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| 1   | A                                | B                                | <input checked="" type="radio"/> | D                                |
| 2   | <input checked="" type="radio"/> | B                                | C                                | D                                |
| 3   | A                                | B                                | <input checked="" type="radio"/> | D                                |
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| 5   | A                                | <input checked="" type="radio"/> | C                                | D                                |
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| 100 | A                                | <input checked="" type="radio"/> | C                                | D                                |

*Sankaj Halder*  
 Signature of the Candidate

*[Signature]*  
 Signature of the Invigilator with Date