

(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

BCA

Roll No.										Q. Booklet No.					Paper Code				Question Booklet Series		
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OMR ANSWER SHEET NO.

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*Sukay Kalkh*

Signature of the Candidate

*[Signature]*

Signature of the Invigilator with Date