

(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

BJMC

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3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	D	4
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
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		
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7		
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
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1	A	B	C	D	26	A	B	C	D	51	A	B	C	D	76	A	B	C	D
2	A	B	C	D	27	A	B	C	D	52	A	B	C	D	77	A	B	C	D
3	A	B	C	D	28	A	B	C	D	53	A	B	C	D	78	A	B	C	D
4	A	B	C	D	29	A	B	C	D	54	A	B	C	D	79	A	B	C	D
5	A	B	C	D	30	A	B	C	D	55	A	B	C	D	80	A	B	C	D
6	A	B	C	D	31	A	B	C	D	56	A	B	C	D	81	A	B	C	D
7	A	B	C	D	32	A	B	C	D	57	A	B	C	D	82	A	B	C	D
8	A	B	C	D	33	A	B	C	D	58	A	B	C	D	83	A	B	C	D
9	A	B	C	D	34	A	B	C	D	59	A	B	C	D	84	A	B	C	D
10	A	B	C	D	35	A	B	C	D	60	A	B	C	D	85	A	B	C	D
11	A	B	C	D	36	A	B	C	D	61	A	B	C	D	86	A	B	C	D
12	A	B	C	D	37	A	B	C	D	62	A	B	C	D	87	A	B	C	D
13	A	B	C	D	38	A	B	C	D	63	A	B	C	D	88	A	B	C	D
14	A	B	C	D	39	A	B	C	D	64	A	B	C	D	89	A	B	C	D
15	A	B	C	D	40	A	B	C	D	65	A	B	C	D	90	A	B	C	D
16	A	B	C	D	41	A	B	C	D	66	A	B	C	D	91	A	B	C	D
17	A	B	C	D	42	A	B	C	D	67	A	B	C	D	92	A	B	C	D
18	A	B	C	D	43	A	B	C	D	68	A	B	C	D	93	A	B	C	D
19	A	B	C	D	44	A	B	C	D	69	A	B	C	D	94	A	B	C	D
20	A	B	C	D	45	A	B	C	D	70	A	B	C	D	95	A	B	C	D
21	A	B	C	D	46	A	B	C	D	71	A	B	C	D	96	A	B	C	D
22	A	B	C	D	47	A	B	C	D	72	A	B	C	D	97	A	B	C	D
23	A	B	C	D	48	A	B	C	D	73	A	B	C	D	98	A	B	C	D
24	A	B	C	D	49	A	B	C	D	74	A	B	C	D	99	A	B	C	D
25	A	B	C	D	50	A	B	C	D	75	A	B	C	D	100	A	B	C	D

[Handwritten Signature]

Signature of the Candidate

[Handwritten Signature]

Signature of the Invigilator with Date