

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

ANSWER KEY

SUBJECT NAME

SOCIAL WORK Ph.D.

Roll No.

Q. Booklet No.

Paper Code

Question
Booklet
Series

B

A 1

B

C 3

D 4

105603

OMR ANSWER SHEET NO.

1	A	☒	C	D
2	☒	B	C	D
3	A	B	C	☒
4	☒	B	C	D
5	A	B	☒	D
6	A	☒	C	D
7	A	B	C	☒
8	A	B	☒	D
9	☒	B	C	D
10	☒	B	C	D
11	A	B	☒	D
12	A	B	☒	D
13	A	B	☒	D
14	☒	B	C	D
15	A	B	☒	D
16	A	B	☒	D
17	☒	B	C	D
18	A	B	C	☒
19	A	B	C	☒
20	☒	B	C	D
21	A	B	C	☒
22	☒	B	C	D
23	A	B	C	☒
24	A	B	☒	D
25	A	☒	C	D

26	A	B	C	☒
27	A	B	☒	D
28	A	☒	C	D
29	A	☒	C	D
30	A	☒	C	D
31	A	B	☒	D
32	A	☒	C	D
33	☒	B	C	D
34	A	B	C	☒
35	A	B	C	☒
36	A	☒	C	D
37	A	B	☒	D
38	A	☒	C	D
39	A	☒	C	D
40	☒	B	C	D
41	A	B	C	☒
42	A	B	C	☒
43	A	B	C	☒
44	☒	B	C	D
45	☒	B	C	D
46	A	B	☒	D
47	A	☒	C	D
48	A	☒	C	D
49	A	☒	C	D
50	☒	B	C	D

51	A	☒	C	D
52	A	☒	C	D
53	A	B	☒	☒
54	A	B	☒	☒
55	☒	B	C	D
56	A	B	C	☒
57	☒	B	C	D
58	A	B	☒	D
59	☒	B	C	D
60	A	☒	C	D
61	A	B	C	☒
62	A	☒	C	D
63	A	B	☒	D
64	☒	B	C	D
65	A	☒	C	D
66	☒	B	C	D
67	A	B	C	☒
68	A	☒	C	D
69	A	B	☒	D
70	A	B	☒	D

Signature of the Candidate

Signature of the Invigilator with Date