

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

Ph.D. Entrance

KEY

SUBJECT NAME FOR Ph.D.

APH & Archaeology

Roll No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Q. Booklet No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Paper Code			
2	4	0	1
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Question Booklet Series
C
A <input type="radio"/>
B <input type="radio"/>
C <input checked="" type="radio"/>
D <input type="radio"/>



1	A	B	<input checked="" type="radio"/>	D
2	A	<input checked="" type="radio"/>	C	D
3	A	B	<input checked="" type="radio"/>	D
4	A	<input checked="" type="radio"/>	C	D
5	A	B	C	<input checked="" type="radio"/>
6	A	<input checked="" type="radio"/>	C	D
7	A	B	C	<input checked="" type="radio"/>
8	A	<input checked="" type="radio"/>	C	D
9	<input checked="" type="radio"/>	B	C	D
10	A	B	<input checked="" type="radio"/>	D
11	A	B	<input checked="" type="radio"/>	D
12	A	<input checked="" type="radio"/>	C	D
13	A	<input checked="" type="radio"/>	C	D
14	<input checked="" type="radio"/>	B	C	D
15	A	<input checked="" type="radio"/>	C	D
16	A	B	<input checked="" type="radio"/>	D
17	A	B	C	<input checked="" type="radio"/>
18	A	<input checked="" type="radio"/>	C	D
19	<input checked="" type="radio"/>	B	C	D
20	<input checked="" type="radio"/>	B	C	D
21	A	B	C	<input checked="" type="radio"/>
22	A	<input checked="" type="radio"/>	C	D
23	A	<input checked="" type="radio"/>	C	D
24	A	<input checked="" type="radio"/>	C	D
25	<input checked="" type="radio"/>	B	C	D

26	A	<input checked="" type="radio"/>	C	D
27	A	B	<input checked="" type="radio"/>	D
28	<input checked="" type="radio"/>	B	C	D
29	A	B	C	<input checked="" type="radio"/>
30	<input checked="" type="radio"/>	B	C	D
31	A	B	C	<input checked="" type="radio"/>
32	A	<input checked="" type="radio"/>	C	D
33	A	B	C	<input checked="" type="radio"/>
34	<input checked="" type="radio"/>	B	C	D
35	<input checked="" type="radio"/>	B	C	D
36	A	B	C	<input checked="" type="radio"/>
37	A	B	C	<input checked="" type="radio"/>
38	A	B	C	<input checked="" type="radio"/>
39	A	B	C	<input checked="" type="radio"/>
40	A	B	C	<input checked="" type="radio"/>
41	A	B	<input checked="" type="radio"/>	D
42	A	B	<input checked="" type="radio"/>	D
43	A	<input checked="" type="radio"/>	C	D
44	A	B	C	<input checked="" type="radio"/>
45	A	B	C	<input checked="" type="radio"/>
46	A	<input checked="" type="radio"/>	C	D
47	A	<input checked="" type="radio"/>	C	D
48	<input checked="" type="radio"/>	B	C	D
49	A	<input checked="" type="radio"/>	C	D
50	A	<input checked="" type="radio"/>	C	D

51	<input checked="" type="radio"/>	B	C	D
52	A	<input checked="" type="radio"/>	C	D
53	A	B	C	<input checked="" type="radio"/>
54	A	B	<input checked="" type="radio"/>	D
55	<input checked="" type="radio"/>	B	C	D
56	A	B	<input checked="" type="radio"/>	D
57	A	<input checked="" type="radio"/>	C	D
58	A	<input checked="" type="radio"/>	C	D
59	<input checked="" type="radio"/>	B	C	D
60	A	<input checked="" type="radio"/>	C	D
61	A	<input checked="" type="radio"/>	C	D
62	A	<input checked="" type="radio"/>	C	D
63	A	B	C	<input checked="" type="radio"/>
64	A	<input checked="" type="radio"/>	C	D
65	A	B	<input checked="" type="radio"/>	D
66	A	<input checked="" type="radio"/>	C	D
67	<input checked="" type="radio"/>	B	C	D
68	A	B	<input checked="" type="radio"/>	D
69	A	B	<input checked="" type="radio"/>	D
70	A	B	C	<input checked="" type="radio"/>

Saukaj Khan
Signature of the Candidate

[Signature]
Signature of the Invigilator with Date