

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

Ph.D. ENTRANCE TEST 2024-25 KEY

SUBJECT NAME FOR Ph.D.

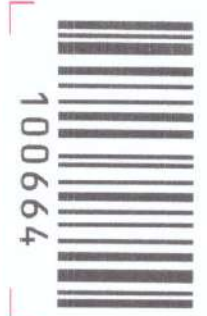
DEFENCE STUDIES

| Roll No. | | | | | | | | | |
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| 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. | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|
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| 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 | 2 |
| 0 | 0 | 0 | 0 |
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| 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 | |
|-------------------------|----------------------------------|
| B | |
| A | <input type="radio"/> |
| B | <input checked="" type="radio"/> |
| C | <input type="radio"/> |
| D | <input type="radio"/> |



OMR ANSWER SHEET NO.

| | | | | |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1 | A | B | C | <input checked="" type="radio"/> |
| 2 | A | <input checked="" type="radio"/> | C | D |
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| 20 | A | B | C | <input checked="" type="radio"/> |
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| 22 | A | <input checked="" type="radio"/> | C | D |
| 23 | A | B | <input checked="" type="radio"/> | D |
| 24 | A | B | <input checked="" type="radio"/> | D |
| 25 | A | B | C | <input checked="" type="radio"/> |

| | | | | |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
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| 35 | A | B | <input checked="" type="radio"/> | D |
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| 42 | A | B | <input checked="" type="radio"/> | D |
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| 46 | <input checked="" type="radio"/> | B | C | D |
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| | | | | |
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| 69 | A | B | C | <input checked="" type="radio"/> |
| 70 | A | B | C | <input checked="" type="radio"/> |

[Signature]
Signature of the Candidate

[Signature]
Signature of the Invigilator with Date