

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME FOR Ph.D.

ARAB CULTURE

Roll No.

Q. Booklet No.

Paper Code

Question Booklet Series

C

A

B

C

D

509520

OMR ANSWER SHEET NO.



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

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

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

Signature of the Candidate

Signature of the Invigilator with Date