

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME FOR Ph.D.

LAW

| Roll No. | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| 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 |
| 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 |

| Paper Code | | | |
|------------|---|---|---|
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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 |
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| B <input type="radio"/> |
| C <input type="radio"/> |
| D <input type="radio"/> |



| | | | | |
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| 2 | <input checked="" type="radio"/> | B | C | D |
| 3 | A | B | C | <input checked="" type="radio"/> |
| 4 | A | B | <input checked="" type="radio"/> | D |
| 5 | A | B | <input checked="" type="radio"/> | D |
| 6 | A | <input checked="" type="radio"/> | C | D |
| 7 | A | <input checked="" type="radio"/> | C | D |
| 8 | A | B | C | <input checked="" type="radio"/> |
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| 10 | <input checked="" type="radio"/> | B | C | D |
| 11 | A | B | C | <input checked="" type="radio"/> |
| 12 | A | B | <input checked="" type="radio"/> | D |
| 13 | A | <input checked="" type="radio"/> | C | D |
| 14 | <input checked="" type="radio"/> | B | C | D |
| 15 | A | B | <input checked="" type="radio"/> | D |
| 16 | A | B | C | <input checked="" type="radio"/> |
| 17 | <input checked="" type="radio"/> | B | C | D |
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| 24 | A | B | C | <input checked="" type="radio"/> |
| 25 | <input checked="" type="radio"/> | B | C | D |

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| 34 | A | B | C | <input checked="" type="radio"/> |
| 35 | <input checked="" type="radio"/> | B | C | D |
| 36 | <input checked="" type="radio"/> | B | C | D |
| 37 | <input checked="" type="radio"/> | B | C | D |
| 38 | <input checked="" type="radio"/> | B | C | D |
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| 40 | A | B | C | <input checked="" type="radio"/> |
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| 42 | <input checked="" type="radio"/> | B | C | D |
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| 45 | A | B | <input checked="" type="radio"/> | D |
| 46 | A | <input checked="" type="radio"/> | C | D |
| 47 | A | B | <input checked="" type="radio"/> | D |
| 48 | A | B | C | <input checked="" type="radio"/> |
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| | | | | |
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| 55 | A | B | C | <input checked="" type="radio"/> |
| 56 | A | B | <input checked="" type="radio"/> | D |
| 57 | A | B | <input checked="" type="radio"/> | D |
| 58 | A | B | <input checked="" type="radio"/> | D |
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| 62 | A | <input checked="" type="radio"/> | C | D |
| 63 | <input checked="" type="radio"/> | B | C | D |
| 64 | A | <input checked="" type="radio"/> | C | D |
| 65 | A | B | <input checked="" type="radio"/> | D |
| 66 | <input checked="" type="radio"/> | B | C | D |
| 67 | A | <input checked="" type="radio"/> | C | D |
| 68 | <input checked="" type="radio"/> | B | C | D |
| 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