

(Invigilator :- Please fold along perforation and tear after examination is over).

OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

BA

Roll No. -	Q. Booklet No.	Paper Code	Question Booklet Series
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100	A	B	C	D

Sankay Khan
Signature of the Candidate

[Signature]
Signature of the Invigilator with Date