OMR ANSWER SHEET

40 questions | options A-D | A4 portrait

Name: _____

Roll No.: _____ Date: _____

Subject / Test: _____ Set / Code: _____

Use a blue or black ball pen. Fill one bubble per question completely. Do not tick or cross.

1	A	B	C	D	**21**	A	B	C	D
2	A	B	C	D	**22**	A	B	C	D
3	A	B	C	D	**23**	A	B	C	D
4	A	B	C	D	**24**	A	B	C	D
5	A	B	C	D	**25**	A	B	C	D
6	A	B	C	D	**26**	A	B	C	D
7	A	B	C	D	**27**	A	B	C	D
8	A	B	C	D	**28**	A	B	C	D
9	A	B	C	D	**29**	A	B	C	D
10	A	B	C	D	**30**	A	B	C	D
11	A	B	C	D	**31**	A	B	C	D
12	A	B	C	D	**32**	A	B	C	D
13	A	B	C	D	**33**	A	B	C	D
14	A	B	C	D	**34**	A	B	C	D
15	A	B	C	D	**35**	A	B	C	D
16	A	B	C	D	**36**	A	B	C	D
17	A	B	C	D	**37**	A	B	C	D
18	A	B	C	D	**38**	A	B	C	D
19	A	B	C	D	**39**	A	B	C	D
20	A	B	C	D	**40**	A	B	C	D

Student signature: _____ Invigilator signature: _____

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