

ASSAM PUBLIC SERVICE COMMISSION

30856

(OMR ANSWER SHEET FOR THE POST OF FOREST RANGER)

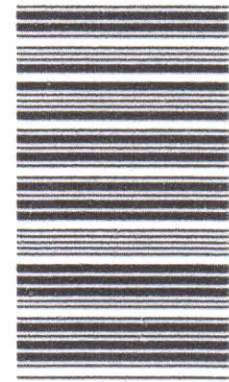
Centre Name:

Name of Subject:

FORESTRY

Roll No.				
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Test Booklet No.				
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9	9	9	9	9



ANSWERS

01	A B C <input checked="" type="radio"/>	21	<input checked="" type="radio"/> B C D	41	<input checked="" type="radio"/> B C D	61	A <input checked="" type="radio"/> C D	81	A B C <input checked="" type="radio"/>
02	<input checked="" type="radio"/> B C D	22	A <input checked="" type="radio"/> C D	42	A B <input checked="" type="radio"/> D	62	A <input checked="" type="radio"/> C D	82	<input checked="" type="radio"/> B C D
03	A <input checked="" type="radio"/> C D	23	A <input checked="" type="radio"/> C D	43	A B <input checked="" type="radio"/> D	63	A <input checked="" type="radio"/> C D	83	A B <input checked="" type="radio"/> D
04	A B <input checked="" type="radio"/> D	24	<input checked="" type="radio"/> B C D	44	A <input checked="" type="radio"/> C D	64	A B <input checked="" type="radio"/> D	84	A B C <input checked="" type="radio"/>
05	A B <input checked="" type="radio"/> D	25	A <input checked="" type="radio"/> C D	45	<input checked="" type="radio"/> B C D	65	A B C <input checked="" type="radio"/>	85	A B <input checked="" type="radio"/> D
06	A B <input checked="" type="radio"/> D	26	A B C <input checked="" type="radio"/>	46	A <input checked="" type="radio"/> C D	66	A B <input checked="" type="radio"/> D	86	A B C <input checked="" type="radio"/>
07	<input checked="" type="radio"/> C D	27	A B C <input checked="" type="radio"/>	47	A B C <input checked="" type="radio"/>	67	<input checked="" type="radio"/> B C D	87	A B <input checked="" type="radio"/> D
08	<input checked="" type="radio"/> B C D	28	A B <input checked="" type="radio"/> D	48	A B <input checked="" type="radio"/> D	68	A B C <input checked="" type="radio"/>	88	A B C <input checked="" type="radio"/>
09	A <input checked="" type="radio"/> C D	29	A <input checked="" type="radio"/> C D	49	A B <input checked="" type="radio"/> D	69	A <input checked="" type="radio"/> C D	89	A B <input checked="" type="radio"/> D
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PLEASE READ THE INSTRUCTIONS GIVEN ON SIDE-II

I hereby certify that I have checked the above information of the Candidate Roll No. and Test Booklet No.

Full Signature of the Invigilator with date

I hereby undertake that the information provided by me for my eligibility for Examination is true to the best of my knowledge. In case of any information found to be incorrect / incomplete at any stage, I am liable for disqualification for Examination and legal action.

Full Signature of the Candidate with date

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