

ANSWER KEY

**SIDE - I**

Answer Sheet No.

**ASSAM PUBLIC SERVICE COMMISSION**

**03943**

(OMR ANSWER SHEET FOR THE POST OF A.E. (C) UNDER P&RD DEPTT.)

Centre Name:

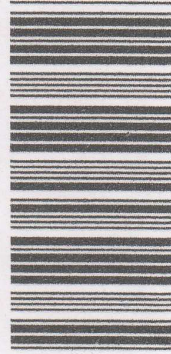
Name of Subject: **CIVIL ENGINEERING**

Roll No.				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
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

Test Booklet No.				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
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

Series
<input checked="" type="radio"/> D
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> C
<input type="radio"/> .

Answer Sheet  
without  
marking  
Series shall  
not be  
evaluated.



**ANSWERS**

01	A B <input checked="" type="radio"/> D	21	A B <input checked="" type="radio"/> D	41	A <input checked="" type="radio"/> C D	61	A B <input checked="" type="radio"/> D	81	<input checked="" type="radio"/> B C D
02	A B <input checked="" type="radio"/> D	22	<input checked="" type="radio"/> B C D	42	A B <input checked="" type="radio"/> D	62	A <input checked="" type="radio"/> C D	82	A B <input checked="" type="radio"/> D
03	A B C <input checked="" type="radio"/> D	23	A B <input checked="" type="radio"/> D	43	<input checked="" type="radio"/> B C D	63	A B C <input checked="" type="radio"/> D	83	A <input checked="" type="radio"/> C D
04	A B C <input checked="" type="radio"/> D	24	A B C <input checked="" type="radio"/> D	44	A B C <input checked="" type="radio"/> D	64	A B <input checked="" type="radio"/> D	84	A B C <input checked="" type="radio"/> D
05	A <input checked="" type="radio"/> C D	25	A <input checked="" type="radio"/> C D	45	A B <input checked="" type="radio"/> D	65	A B C <input checked="" type="radio"/> D	85	A B C <input checked="" type="radio"/> D
06	A B C <input checked="" type="radio"/> D	26	A B C <input checked="" type="radio"/> D	46	A B <input checked="" type="radio"/> D	66	<input checked="" type="radio"/> B C D	86	A B <input checked="" type="radio"/> D
07	A B C <input checked="" type="radio"/> D	27	A B C <input checked="" type="radio"/> D	47	<input checked="" type="radio"/> B C D	67	A B C <input checked="" type="radio"/> D	87	A B <input checked="" type="radio"/> D
08	<input checked="" type="radio"/> B C D	28	A B C <input checked="" type="radio"/> D	48	A B <input checked="" type="radio"/> D	68	A <input checked="" type="radio"/> C D	88	A <input checked="" type="radio"/> C D
09	A <input checked="" type="radio"/> C D	29	A <input checked="" type="radio"/> C D	49	A B C <input checked="" type="radio"/> D	69	A B C <input checked="" type="radio"/> D	89	A B <input checked="" type="radio"/> D
10	A B <input checked="" type="radio"/> D	30	A B <input checked="" type="radio"/> D	50	A <input checked="" type="radio"/> C D	70	A B C <input checked="" type="radio"/> D	90	A B <input checked="" type="radio"/> D
11	A <input checked="" type="radio"/> C D	31	A B <input checked="" type="radio"/> D	51	A B <input checked="" type="radio"/> D	71	A B C <input checked="" type="radio"/> D	91	A <input checked="" type="radio"/> C D
12	A <input checked="" type="radio"/> C D	32	A B C <input checked="" type="radio"/> D	52	A B <input checked="" type="radio"/> D	72	A B <input checked="" type="radio"/> D	92	A B <input checked="" type="radio"/> D
13	A B C <input checked="" type="radio"/> D	33	A B C <input checked="" type="radio"/> D	53	A B C <input checked="" type="radio"/> D	73	<input checked="" type="radio"/> B C D	93	A B C <input checked="" type="radio"/> D
14	A B C <input checked="" type="radio"/> D	34	A <input checked="" type="radio"/> C D	54	A <input checked="" type="radio"/> C D	74	A B C <input checked="" type="radio"/> D	94	A B C <input checked="" type="radio"/> D
15	A B <input checked="" type="radio"/> D	35	A B C <input checked="" type="radio"/> D	55	A B <input checked="" type="radio"/> D	75	A <input checked="" type="radio"/> C D	95	A B C <input checked="" type="radio"/> D
16	A <input checked="" type="radio"/> C D	36	A B <input checked="" type="radio"/> D	56	A <input checked="" type="radio"/> C D	76	A B C <input checked="" type="radio"/> D	96	<input checked="" type="radio"/> B C D
17	A <input checked="" type="radio"/> C D	37	A B <input checked="" type="radio"/> D	57	<input checked="" type="radio"/> B C D	77	A B <input checked="" type="radio"/> D	97	<input checked="" type="radio"/> B C D
18	A B <input checked="" type="radio"/> D	38	A B C <input checked="" type="radio"/> D	58	A B C <input checked="" type="radio"/> D	78	A B <input checked="" type="radio"/> D	98	A <input checked="" type="radio"/> C D
19	<input checked="" type="radio"/> B C D	39	A B C <input checked="" type="radio"/> D	59	A <input checked="" type="radio"/> C D	79	<input checked="" type="radio"/> B C D	99	A <input checked="" type="radio"/> C D
20	A <input checked="" type="radio"/> C D	40	A <input checked="" type="radio"/> C D	60	<input checked="" type="radio"/> B C D	80	<input checked="" type="radio"/> B C D	100	A B <input checked="" type="radio"/> D

**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.

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

Full Signature of the Invigilator with date

Full Signature of the Candidate with date

J0337