

ANSWER KEY

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

04440

(OMR ANSWER SHEET FOR THE POST OF J.E. (C) UNDER P.W.D)

Centre Name:

Name of Subject: **CIVIL ENGINEERING**

Roll No.

Test Booklet No.

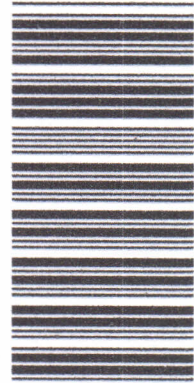
Series

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0	0	0	0	0
1	1	1	1	1
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

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

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

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

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

J0263