

ASSAM PUBLIC SERVICE COMMISSION

06910

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

Centre Name:

Name of Subject: **GENERAL STUDIES**

Roll No.

Test Booklet No.

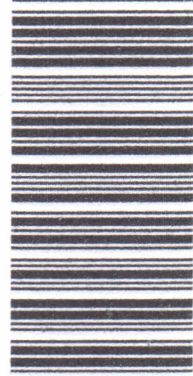
Series

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1	1	1	1	1
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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

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2	2	2	2	2
3	3	3	3	3
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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" value="D"/>
A
B
C
<input type="radio"/>

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

01	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	21	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	41	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	61	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	81	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D
02	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	22	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	42	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	62	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	82	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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06	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	26	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D	46	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	66	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	86	<input checked="" type="radio"/> B <input type="radio"/> C <input 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.

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