

**ASSAM PUBLIC SERVICE COMMISSION**

(OMR ANSWER SHEET FOR THE POST OF  
ASST. ARCHITECT UNDER P.W. (BUILDING & NH) DEPARTMENT)

00289

Centre Name:

Name of Venue:

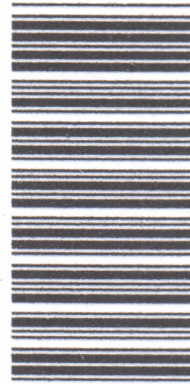
Name of Subject: **ARCHITECTURE ENGINEERING**

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
<b>B</b>
A
C
D

Answer Sheet  
without  
marking  
Series shall  
not be  
evaluated.



**ANSWERS**

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