

# ANSWER KEY

**SIDE - I**

Answer Sheet No.

## ASSAM PUBLIC SERVICE COMMISSION

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

00409

Centre Name:

Name of Venue:

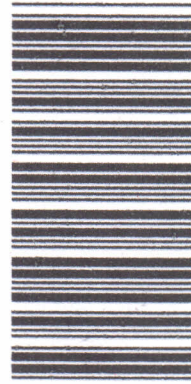
Name of Subject: **GENERAL STUDIES**

Roll No.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/> C
<input type="radio"/> A
<input type="radio"/> B
<input checked="" type="radio"/> D

Answer Sheet  
without  
marking  
Series shall  
not be  
evaluated.



### ANSWERS

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

J0365