

ANSWER KEY

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

(OMR ANSWER SHEET FOR THE POST OF ASSTT. ENGINEER
(CIVIL/MECHANICAL) IN THE DIRECTORATE OF IWT, ASSAM UNDER TRANSPORT DEPTT.)

01683

Centre Name:

Name of Subject:

MECHANICAL ENGG.

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
A
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Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

01	<input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	21	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	41	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	61	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	81	<input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
02	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	22	<input type="radio"/> A <input checked="" type="radio"/> C <input 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"/>	82	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D
03	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	23	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	43	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	63	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	83	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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05	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	25	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	45	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	65	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	85	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
06	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	26	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	46	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	66	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	86	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
07	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	27	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	47	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	67	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	87	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
08	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	28	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	48	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	68	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	88	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
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10	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	30	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	50	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	70	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	90	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
11	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	31	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	51	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	71	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	91	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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13	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	33	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	53	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	73	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	93	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D
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18	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	38	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	58	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	78	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	98	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D
19	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	39	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	59	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	79	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	99	<input type="radio"/> A <input checked="" 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.

Full Signature of the Invigilator with date

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 Candidate with date