

SIDE - I

ASSAM PUBLIC SERVICE COMMISSION

(OMR ANSWER SHEET FOR THE POST OF ASSTT. ENGINEER
(CIVIL) (MECH.), (ELECT.), (CHEMICAL) UNDER P.H.E. DEPTT)

Answer Sheet No.

05532

Centre Name:

Name of Subject:

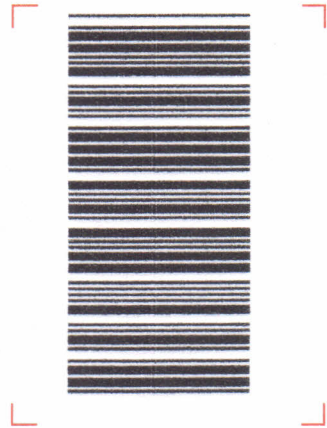
CIVIL ENGINEERING

Roll No.				
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6	6	6	6	6
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8	8	8	8	8
9	9	9	9	9

Test Booklet No.				
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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

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

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

01	A B <input checked="" type="radio"/> D	21	A B C <input checked="" type="radio"/>	41	A <input checked="" type="radio"/> C D	61	A <input checked="" type="radio"/> C D	81	A <input checked="" type="radio"/> C <input checked="" type="radio"/>
02	A B C <input checked="" type="radio"/>	22	A <input checked="" type="radio"/> C D	42	A B C <input checked="" type="radio"/>	62	A B C <input checked="" type="radio"/>	82	A B <input checked="" type="radio"/> D
03	A B <input checked="" type="radio"/> D	23	A B C <input checked="" type="radio"/>	43	A B <input checked="" type="radio"/> D	63	A B C <input checked="" type="radio"/>	83	A <input checked="" type="radio"/> C D
04	<input checked="" type="radio"/> B C D	24	<input checked="" type="radio"/> B C D	44	A B <input checked="" type="radio"/> D	64	A <input checked="" type="radio"/> C D	84	A B C <input checked="" type="radio"/>
05	A B C <input checked="" type="radio"/>	25	A <input checked="" type="radio"/> C D	45	A B C <input checked="" type="radio"/>	65	A B C <input checked="" type="radio"/>	85	A B <input checked="" type="radio"/> D
06	<input checked="" type="radio"/> B C D	26	A B <input checked="" type="radio"/> D	46	<input checked="" type="radio"/> B C D	66	A B <input checked="" type="radio"/> D	86	A B C <input checked="" type="radio"/>
07	<input checked="" type="radio"/> B C D	27	<input checked="" type="radio"/> B C D	47	A B <input checked="" type="radio"/> D	67	A <input checked="" type="radio"/> C D	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 B <input checked="" type="radio"/> D	68	<input checked="" type="radio"/> B C D	88	A <input checked="" type="radio"/> C D
09	A <input checked="" type="radio"/> C D	29	A B C <input checked="" type="radio"/>	49	A B C <input checked="" type="radio"/>	69	A B <input checked="" type="radio"/> D	89	A B <input checked="" 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