

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

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

05624

Centre Name:

Name of Subject:

CIVIL ENGINEERING

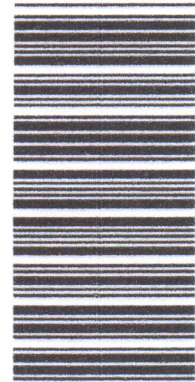


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5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Test Booklet No.				
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6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS

01	A B C <input checked="" type="radio"/>	21	A B <input checked="" type="radio"/> D	41	A B <input checked="" type="radio"/> D	61	A <input checked="" type="radio"/> C D	81	A B C <input checked="" type="radio"/>
02	A B <input checked="" type="radio"/> D	22	A <input checked="" type="radio"/> C D	42	A <input checked="" type="radio"/> C D	62	<input checked="" type="radio"/> B C D	82	<input checked="" type="radio"/> B C D
03	A B <input checked="" type="radio"/> D	23	A B C <input checked="" type="radio"/>	43	<input checked="" type="radio"/> B C D	63	A B C <input checked="" type="radio"/>	83	A <input checked="" type="radio"/> C D
04	A B C <input checked="" type="radio"/>	24	<input checked="" type="radio"/> B C D	44	<input checked="" type="radio"/> B C D	64	<input checked="" type="radio"/> B C D	84	<input checked="" type="radio"/> B C <input checked="" type="radio"/>
05	A B <input checked="" type="radio"/> D	25	A B C <input checked="" type="radio"/>	45	A B C <input checked="" type="radio"/>	65	<input checked="" type="radio"/> B C D	85	A B C <input checked="" type="radio"/>
06	A <input checked="" type="radio"/> C D	26	A B <input checked="" type="radio"/> D	46	A B C <input checked="" type="radio"/>	66	A <input checked="" type="radio"/> C D	86	A <input checked="" type="radio"/> C D
07	A B <input checked="" type="radio"/> D	27	A B C <input checked="" type="radio"/>	47	A <input checked="" type="radio"/> C D	67	A B C <input checked="" type="radio"/>	87	A B C <input checked="" type="radio"/>
08	A <input checked="" type="radio"/> C D	28	A B <input checked="" type="radio"/> D	48	A B C <input checked="" type="radio"/>	68	A B <input checked="" type="radio"/> D	88	A B C <input checked="" type="radio"/>
09	A B C <input checked="" type="radio"/>	29	<input checked="" type="radio"/> B 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 B <input checked="" type="radio"/> D	30	A B C <input checked="" type="radio"/>	50	A <input checked="" type="radio"/> C D	70	A B C <input checked="" type="radio"/>	90	A B C <input checked="" type="radio"/>
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16	A B <input checked="" type="radio"/> D	36	A B <input checked="" type="radio"/> D	56	A B <input checked="" type="radio"/> 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 <input checked="" type="radio"/> C D	57	A B C <input checked="" type="radio"/>	77	A B <input checked="" type="radio"/> D	97	A B <input checked="" type="radio"/> D
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20	<input checked="" type="radio"/> B C D	40	<input checked="" type="radio"/> B C 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

