

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

01225

(OMR ANSWER SHEET FOR THE POST OF A.E. (C) UNDER P.H.E. DEPTT.)

Centre Name:

Name of Subject: **GENERAL STUDIES**

Roll 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

Test Booklet No.				
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9	9	9	9	9

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

Answer Sheet without marking Series shall not be evaluated.



ANSWERS

01	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	21	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	41	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	61	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	81	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
02	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	22	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	42	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	62	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	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"/> C	23	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	43	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	63	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	83	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
04	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	24	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	44	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	64	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	84	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
05	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	25	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	45	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C	65	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	85	<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.

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

J0233