

**SIDE - I**

Answer Sheet No.

**ASSAM PUBLIC SERVICE COMMISSION**

01224

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

Centre Name:

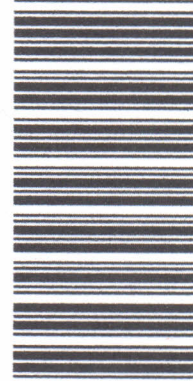
Name of Subject: **GENERAL STUDIES**

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

Answer Sheet  
without  
marking  
Series shall  
not be  
evaluated.



**ANSWERS**

01	A B <input checked="" type="radio"/> D	21	<input checked="" type="radio"/> B C D	41	<input checked="" type="radio"/> B C D	61	A <input checked="" type="radio"/> C D	81	<input checked="" type="radio"/> B C D
02	A <input checked="" type="radio"/> C D	22	<input checked="" type="radio"/> B C D	42	A <input checked="" type="radio"/> C D	62	A B C <input checked="" type="radio"/>	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	A <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"/>	64	A B <input checked="" type="radio"/>	84	A B <input checked="" type="radio"/> D
05	A <input checked="" type="radio"/> C D	25	A B C <input checked="" type="radio"/>	45	<input checked="" type="radio"/> B C D	65	A B C <input checked="" type="radio"/>	85	<input checked="" type="radio"/> B C D
06	<input checked="" type="radio"/> B C D	26	A <input checked="" type="radio"/> C D	46	A B <input checked="" type="radio"/> D	66	A <input checked="" type="radio"/> C D	86	A B <input checked="" type="radio"/> D
07	A <input checked="" type="radio"/> C D	27	<input checked="" type="radio"/> B C D	47	<input checked="" type="radio"/> B C D	67	A <input checked="" type="radio"/> C D	87	<input checked="" type="radio"/> B C D
08	A B <input checked="" type="radio"/> D	28	A <input checked="" type="radio"/> C D	48	A <input checked="" type="radio"/> C D	68	A <input checked="" type="radio"/> C D	88	A B C <input checked="" type="radio"/>
09	A B C <input checked="" type="radio"/>	29	A B <input checked="" type="radio"/> D	49	A <input checked="" type="radio"/> C D	69	<input checked="" type="radio"/> B C D	89	A B <input checked="" type="radio"/> D
10	A B <input checked="" type="radio"/> D	30	A B C <input checked="" type="radio"/>	50	A B <input checked="" type="radio"/> D	70	<input checked="" type="radio"/> B C D	90	A <input checked="" type="radio"/> C D
11	A <input checked="" type="radio"/> C D	31	A B <input checked="" type="radio"/> D	51	A B C <input checked="" type="radio"/>	71	<input checked="" type="radio"/> B C D	91	<input checked="" type="radio"/> B C D
12	A B <input checked="" type="radio"/> D	32	<input checked="" type="radio"/> B C D	52	A B <input checked="" type="radio"/> D	72	A <input checked="" type="radio"/> C D	92	A <input checked="" type="radio"/> C D
13	A B <input checked="" type="radio"/> D	33	A B C <input checked="" type="radio"/>	53	A B <input checked="" type="radio"/> D	73	<input checked="" type="radio"/> B C D	93	A B C <input checked="" type="radio"/>
14	A B <input checked="" type="radio"/> D	34	A <input checked="" type="radio"/> C D	54	A B <input checked="" type="radio"/> D	74	A B <input checked="" type="radio"/> D	94	A B C <input checked="" type="radio"/>
15	A <input checked="" type="radio"/> C D	35	A <input checked="" type="radio"/> C D	55	<input checked="" type="radio"/> B C D	75	A <input checked="" type="radio"/> C D	95	A B <input checked="" type="radio"/> D
16	A <input checked="" type="radio"/> C D	36	A <input checked="" type="radio"/> C D	56	A B <input checked="" type="radio"/> D	76	A B C <input checked="" type="radio"/>	96	A <input checked="" type="radio"/> C D
17	A B C <input checked="" type="radio"/>	37	A B <input checked="" type="radio"/> D	57	A <input checked="" type="radio"/> C D	77	A <input checked="" type="radio"/> C D	97	A B C <input checked="" type="radio"/>
18	<input checked="" type="radio"/> B C D	38	<input checked="" type="radio"/> B C D	58	<input checked="" type="radio"/> B C D	78	A B C <input checked="" type="radio"/>	98	<input checked="" type="radio"/> B C D
19	A B <input checked="" type="radio"/> D	39	A B C <input checked="" type="radio"/>	59	A <input checked="" type="radio"/> C D	79	A B C <input checked="" type="radio"/>	99	A B C <input checked="" type="radio"/>
20	A B <input checked="" type="radio"/> D	40	A B <input checked="" type="radio"/> D	60	A B C <input checked="" type="radio"/>	80	A <input checked="" type="radio"/> C 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