

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)

05534

Centre Name:

Name of Subject:

MECHANICAL ENGINEERING

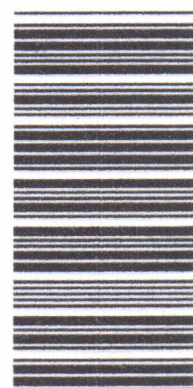


Roll No.				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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
B
A
<input checked="" type="radio"/>
C
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 type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	41	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	61	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	81	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
02	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	22	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	42	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	62	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	82	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
03	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	23	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	43	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	63	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	83	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
04	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	24	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	44	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	64	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	84	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
05	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	25	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	45	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	65	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	85	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D
06	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	26	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	46	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	66	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	86	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
07	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	27	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	47	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	67	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	87	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D
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09	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	29	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	49	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	69	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	89	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D
10	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	30	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	50	<input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	70	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	90	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>
11	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/>	31	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	51	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> D	71	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> D	91	<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

