

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

(OMR ANSWER SHEET FOR THE POST OF ASSTT. ENGINEER
(CIVIL/MECHANICAL) IN THE DIRECTORATE OF IWT, ASSAM UNDER TRANSPORT DEPTT.)

01616

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

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	A B C <input checked="" type="radio"/>
02	A B C <input checked="" type="radio"/>	22	A B <input checked="" type="radio"/> D	42	A B C <input checked="" type="radio"/>	62	A B <input checked="" type="radio"/> D	82	A <input checked="" type="radio"/> C D
03	A B <input checked="" type="radio"/> D	23	A B C <input checked="" type="radio"/>	43	A <input checked="" type="radio"/> C D	63	A B C <input checked="" type="radio"/>	83	<input checked="" type="radio"/> B C D
04	<input checked="" type="radio"/> B C D	24	A <input checked="" type="radio"/> C D	44	A B <input checked="" type="radio"/> D	64	<input checked="" type="radio"/> B C D	84	A B C <input checked="" type="radio"/>
05	A <input checked="" type="radio"/> C D	25	A <input checked="" type="radio"/> C D	45	A B C <input checked="" type="radio"/>	65	A <input checked="" type="radio"/> C D	85	A <input checked="" type="radio"/> C D
06	A B C <input checked="" type="radio"/>	26	<input checked="" type="radio"/> B C D	46	<input checked="" type="radio"/> B C D	66	A B <input checked="" type="radio"/> D	86	A B <input checked="" type="radio"/> D
07	A <input checked="" type="radio"/> C D	27	A B C <input checked="" type="radio"/>	47	A B <input checked="" type="radio"/> D	67	A B C <input checked="" type="radio"/>	87	<input checked="" type="radio"/> B C D
08	A B <input checked="" type="radio"/> D	28	A B <input checked="" type="radio"/> D	48	A <input checked="" type="radio"/> C D	68	A <input checked="" type="radio"/> C D	88	<input checked="" type="radio"/> B C D
09	<input checked="" type="radio"/> B C D	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 C <input checked="" type="radio"/>
10	A B <input checked="" type="radio"/> D	30	A B C <input checked="" type="radio"/>	50	A B C <input checked="" type="radio"/>	70	A B <input checked="" type="radio"/> D	90	A <input checked="" type="radio"/> C D
11	A <input checked="" type="radio"/> C D	31	<input checked="" type="radio"/> B C D	51	A B <input checked="" type="radio"/> D	71	A B <input checked="" type="radio"/> D	91	<input checked="" type="radio"/> B C D
12	A B C <input checked="" type="radio"/>	32	A <input checked="" type="radio"/> C D	52	A <input checked="" type="radio"/> C D	72	A B C <input checked="" type="radio"/>	92	A B C <input checked="" type="radio"/>
13	A <input checked="" type="radio"/> C D	33	A B <input checked="" type="radio"/> D	53	<input checked="" type="radio"/> B C D	73	A <input checked="" type="radio"/> C D	93	A B <input checked="" type="radio"/> D
14	A B <input checked="" type="radio"/> D	34	A <input checked="" type="radio"/> C D	54	A <input checked="" type="radio"/> C D	74	<input checked="" type="radio"/> B C D	94	A <input checked="" type="radio"/> C D
15	A <input checked="" type="radio"/> C D	35	A <input checked="" type="radio"/> C D	55	A B C <input checked="" type="radio"/>	75	A B C <input checked="" type="radio"/>	95	<input checked="" type="radio"/> B C D
16	<input checked="" type="radio"/> B C D	36	<input checked="" type="radio"/> B C D	56	A <input checked="" type="radio"/> C D	76	A B <input checked="" type="radio"/> D	96	A B <input checked="" type="radio"/> D
17	A B <input checked="" type="radio"/> D	37	A B C <input checked="" type="radio"/>	57	<input checked="" type="radio"/> B C D	77	A <input checked="" type="radio"/> C D	97	A B C <input checked="" type="radio"/>
18	A <input checked="" type="radio"/> C D	38	A B <input checked="" type="radio"/> D	58	A B <input checked="" type="radio"/> D	78	<input checked="" type="radio"/> B C D	98	A <input checked="" type="radio"/> C D
19	A B C <input checked="" type="radio"/>	39	A <input checked="" type="radio"/> C D	59	A <input checked="" type="radio"/> C D	79	A B <input checked="" type="radio"/> D	99	<input checked="" type="radio"/> B C D
20	<input checked="" type="radio"/> B C D	40	A B <input checked="" type="radio"/> D	60	A B C <input checked="" type="radio"/>	80	A B <input checked="" type="radio"/> D	100	A <input checked="" type="radio"/> 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.

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



J0376