

ANSWER KEY

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.)

01686

Centre Name:

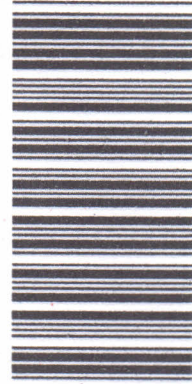
Name of Subject: **CIVIL ENGG.**

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	A B <input checked="" type="radio"/> D	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 <input checked="" type="radio"/> C D
02	<input checked="" type="radio"/> B C D	22	A <input checked="" type="radio"/> C D	42	<input checked="" type="radio"/> B C D	62	A <input checked="" type="radio"/> C D	82	<input checked="" type="radio"/> B C D
03	<input checked="" type="radio"/> B C D	23	A B <input checked="" type="radio"/> D	43	A <input checked="" type="radio"/> C D	63	A B <input checked="" type="radio"/> D	83	A <input checked="" type="radio"/> C D
04	A <input checked="" type="radio"/> C D	24	A B C <input checked="" type="radio"/> D	44	A <input checked="" type="radio"/> C D	64	A B <input checked="" type="radio"/> D	84	A B C <input checked="" type="radio"/> D
05	<input checked="" type="radio"/> B C D	25	A <input checked="" type="radio"/> C D	45	A B <input checked="" type="radio"/> D	65	A <input checked="" type="radio"/> C D	85	A B C <input checked="" type="radio"/> D
06	A B <input checked="" type="radio"/> D	26	A <input checked="" type="radio"/> C D	46	<input checked="" type="radio"/> B C D	66	A <input checked="" type="radio"/> C D	86	<input checked="" type="radio"/> B C D
07	A <input checked="" type="radio"/> C D	27	<input checked="" type="radio"/> B C D	47	A <input checked="" type="radio"/> C D	67	A B <input checked="" type="radio"/> D	87	<input checked="" type="radio"/> B C D
08	<input checked="" type="radio"/> B C D	28	<input checked="" type="radio"/> B C D	48	<input checked="" type="radio"/> B C D	68	A B <input checked="" type="radio"/> D	88	A <input checked="" type="radio"/> C D
09	A B C <input checked="" type="radio"/> D	29	A <input checked="" type="radio"/> C D	49	A B <input checked="" type="radio"/> D	69	A <input checked="" type="radio"/> C D	89	A <input checked="" type="radio"/> C D
10	A B <input checked="" type="radio"/> D	30	<input checked="" type="radio"/> B C D	50	A B C <input checked="" type="radio"/> D	70	A B <input checked="" type="radio"/> D	90	A B C <input checked="" type="radio"/> D
11	A B C <input checked="" type="radio"/> D	31	A B <input checked="" type="radio"/> D	51	A <input checked="" type="radio"/> C D	71	A B C <input checked="" type="radio"/> D	91	A <input checked="" type="radio"/> C D
12	A <input checked="" type="radio"/> C D	32	A B <input checked="" type="radio"/> D	52	A <input checked="" type="radio"/> C D	72	A <input checked="" type="radio"/> C D	92	<input checked="" type="radio"/> B C D
13	<input checked="" type="radio"/> B C D	33	A B <input checked="" type="radio"/> D	53	A B C <input checked="" type="radio"/> D	73	<input checked="" type="radio"/> B C D	93	A B C <input checked="" type="radio"/> D
14	A <input checked="" type="radio"/> C D	34	<input checked="" type="radio"/> B C D	54	A B <input checked="" type="radio"/> D	74	A B C <input checked="" type="radio"/> D	94	A B C <input checked="" type="radio"/> D
15	<input checked="" type="radio"/> B C D	35	A B <input checked="" type="radio"/> D	55	<input checked="" type="radio"/> B C D	75	A B C <input checked="" type="radio"/> D	95	A B <input checked="" type="radio"/> D
16	A B C <input checked="" type="radio"/> 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 C <input checked="" type="radio"/> D	37	A B C <input checked="" type="radio"/> D	57	A <input checked="" type="radio"/> C D	77	A B <input checked="" type="radio"/> D	97	A B C <input checked="" type="radio"/> D
18	<input checked="" type="radio"/> B C D	38	A <input checked="" type="radio"/> C D	58	A B <input checked="" type="radio"/> D	78	<input checked="" type="radio"/> B C D	98	A B C <input checked="" type="radio"/> D
19	A <input checked="" type="radio"/> C D	39	<input checked="" type="radio"/> B C D	59	A B <input checked="" type="radio"/> D	79	<input checked="" type="radio"/> B C D	99	A B C <input checked="" type="radio"/> D
20	<input checked="" type="radio"/> B C D	40	A B C <input checked="" type="radio"/> D	60	<input checked="" type="radio"/> B C D	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

J0376