

ANSWER KEY

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

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

01689

Centre Name:

Name of Subject: MECHANICAL ENGG.



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	A	<input checked="" type="radio"/>	C	D	21	<input checked="" type="radio"/>	B	C	D	41	<input checked="" type="radio"/>	B	C	D	61	<input checked="" type="radio"/>	B	C	D	81	A	B	<input checked="" type="radio"/>	D
02	<input checked="" type="radio"/>	B	C	D	22	A	<input checked="" type="radio"/>	C	D	42	A	B	C	<input checked="" type="radio"/>	62	A	B	<input checked="" type="radio"/>	D	82	A	B	C	<input checked="" type="radio"/>
03	A	B	<input checked="" type="radio"/>	D	23	<input checked="" type="radio"/>	B	C	D	43	A	<input checked="" type="radio"/>	C	D	63	A	<input checked="" type="radio"/>	C	D	83	A	B	<input checked="" 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.

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



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