



Candidate's Name

Name entry boxes

Alphabet grid for OMR marking

Important Instructions

- Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened, half darkened circle might be rejected by the Optical Scanner.

Wrong Marking

Correct Marking



- Use blue/black ball point pen to record the answer.
Rough work must not be done on the answer sheet.
Please do not make any stray marks on the answer sheet.

Contact No. (with STD code)/Mobile No.

Contact number entry boxes

Digit grid for OMR marking

PHYSICS section with questions 01-45

CHEMISTRY section with questions 46-90

BIOLOGY section with questions 91-135

BIOLOGY section with questions 136-180

Centre Code entry boxes and digit grid

Roll No. entry boxes and digit grid

10th %age entry boxes and digit grid

+1 %age entry boxes and digit grid

Category selection: General, Reserve

Student Signature line

Invigilator Signature line

NAME OF THE EXAM

YEAR

--	--	--	--

NAME OF THE EXAM CENTRE

BOOKLET NUMBER

--	--	--	--	--	--


NAME OF CANDIDATE

CANDIDATE'S SIGNATURE


INVIGILATOR'S SIGNATURE


INSTRUCTIONS FOR MARKING

1. Please use BLUE/BLACK BALL POINT PEN for filling up the boxes .
2. Use BLUE/BLACK POINT PEN to darken the Circle ○.
3. Mark your answer only in the appropriate space against the answer number corresponding to the question you are answering.

Wrong Method
 B C D

Wrong Method
 B C D

Wrong Method
 B C D

Correct Method
 B C D

4. Darken the complete ovals as your response.
5. Do not make any stray marks on the answer sheet.
6. Rough work must not be done on the OMR answer sheet. use blank page given at the end of the Question Booklet for Rough work.
7. Do not fold or tear the OMR answer sheet.
8. Multiple markings are invalid.

SAMPLE OMR SHEET FOR PRACTICE

STUDENT'S NAME (IN BLOCK LETTERS ONLY)																										Roll Number					Date							
[A-Z grid]																										[]	[]	[]	[]	[]	D	D	M	M	Y	Y	Y	Y
[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]	[1-9 grid]																								
[Medium Selection: Hindi, English, Exam, Minor, Major]																										[Category Selection: Gen, OBC, SC, ST, Other]					[Percentage: X th , XII th , Batch]							

1	1	2	3	4	41	1	2	3	4	81	1	2	3	4	121	1	2	3	4	161	1	2	3	4
2	1	2	3	4	42	1	2	3	4	82	1	2	3	4	122	1	2	3	4	162	1	2	3	4
3	1	2	3	4	43	1	2	3	4	83	1	2	3	4	123	1	2	3	4	163	1	2	3	4
4	1	2	3	4	44	1	2	3	4	84	1	2	3	4	124	1	2	3	4	164	1	2	3	4
5	1	2	3	4	45	1	2	3	4	85	1	2	3	4	125	1	2	3	4	165	1	2	3	4
6	1	2	3	4	46	1	2	3	4	86	1	2	3	4	126	1	2	3	4	166	1	2	3	4
7	1	2	3	4	47	1	2	3	4	87	1	2	3	4	127	1	2	3	4	167	1	2	3	4
8	1	2	3	4	48	1	2	3	4	88	1	2	3	4	128	1	2	3	4	168	1	2	3	4
9	1	2	3	4	49	1	2	3	4	89	1	2	3	4	129	1	2	3	4	169	1	2	3	4
10	1	2	3	4	50	1	2	3	4	90	1	2	3	4	130	1	2	3	4	170	1	2	3	4
11	1	2	3	4	51	1	2	3	4	91	1	2	3	4	131	1	2	3	4	171	1	2	3	4
12	1	2	3	4	52	1	2	3	4	92	1	2	3	4	132	1	2	3	4	172	1	2	3	4
13	1	2	3	4	53	1	2	3	4	93	1	2	3	4	133	1	2	3	4	173	1	2	3	4
14	1	2	3	4	54	1	2	3	4	94	1	2	3	4	134	1	2	3	4	174	1	2	3	4
15	1	2	3	4	55	1	2	3	4	95	1	2	3	4	135	1	2	3	4	175	1	2	3	4
16	1	2	3	4	56	1	2	3	4	96	1	2	3	4	136	1	2	3	4	176	1	2	3	4
17	1	2	3	4	57	1	2	3	4	97	1	2	3	4	137	1	2	3	4	177	1	2	3	4
18	1	2	3	4	58	1	2	3	4	98	1	2	3	4	138	1	2	3	4	178	1	2	3	4
19	1	2	3	4	59	1	2	3	4	99	1	2	3	4	139	1	2	3	4	179	1	2	3	4
20	1	2	3	4	60	1	2	3	4	100	1	2	3	4	140	1	2	3	4	180	1	2	3	4
21	1	2	3	4	61	1	2	3	4	101	1	2	3	4	141	1	2	3	4	181	1	2	3	4
22	1	2	3	4	62	1	2	3	4	102	1	2	3	4	142	1	2	3	4	182	1	2	3	4
23	1	2	3	4	63	1	2	3	4	103	1	2	3	4	143	1	2	3	4	183	1	2	3	4
24	1	2	3	4	64	1	2	3	4	104	1	2	3	4	144	1	2	3	4	184	1	2	3	4
25	1	2	3	4	65	1	2	3	4	105	1	2	3	4	145	1	2	3	4	185	1	2	3	4
26	1	2	3	4	66	1	2	3	4	106	1	2	3	4	146	1	2	3	4	186	1	2	3	4
27	1	2	3	4	67	1	2	3	4	107	1	2	3	4	147	1	2	3	4	187	1	2	3	4
28	1	2	3	4	68	1	2	3	4	108	1	2	3	4	148	1	2	3	4	188	1	2	3	4
29	1	2	3	4	69	1	2	3	4	109	1	2	3	4	149	1	2	3	4	189	1	2	3	4
30	1	2	3	4	70	1	2	3	4	110	1	2	3	4	150	1	2	3	4	190	1	2	3	4
31	1	2	3	4	71	1	2	3	4	111	1	2	3	4	151	1	2	3	4	191	1	2	3	4
32	1	2	3	4	72	1	2	3	4	112	1	2	3	4	152	1	2	3	4	192	1	2	3	4
33	1	2	3	4	73	1	2	3	4	113	1	2	3	4	153	1	2	3	4	193	1	2	3	4
34	1	2	3	4	74	1	2	3	4	114	1	2	3	4	154	1	2	3	4	194	1	2	3	4
35	1	2	3	4	75	1	2	3	4	115	1	2	3	4	155	1	2	3	4	195	1	2	3	4
36	1	2	3	4	76	1	2	3	4	116	1	2	3	4	156	1	2	3	4	196	1	2	3	4
37	1	2	3	4	77	1	2	3	4	117	1	2	3	4	157	1	2	3	4	197	1	2	3	4
38	1	2	3	4	78	1	2	3	4	118	1	2	3	4	158	1	2	3	4	198	1	2	3	4
39	1	2	3	4	79	1	2	3	4	119	1	2	3	4	159	1	2	3	4	199	1	2	3	4
40	1	2	3	4	80	1	2	3	4	120	1	2	3	4	160	1	2	3	4	200	1	2	3	4

Attempted Q. x 4 = x 4 = x 4 = x 4 = x 4 =

Wrong Q. x 1 = x 1 = x 1 = x 1 = x 1 =

Total Marks

ANSWER SHEET

Sr. No. 01092015

(Rectangular Box and Circles should be filled-in with BLACK PEN / HB PENCIL ONLY)

CANDIDATE NAME (IN BLOCK LETTERS ONLY)																														
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

SEAT NUMBER

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Appt. ID. Number

A	A	U	1	5											
(A)	(A)	(U)	(1)	(5)	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

GENDER

MALE	①
FEMALE	②

SET

(A)	(B)
-----	-----

CATEGORY

GENERAL	①
ST	②
SEBC	③
OTHERS	④

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D

21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D
26	A	B	C	D
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D

41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D
51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D
56	A	B	C	D
57	A	B	C	D
58	A	B	C	D
59	A	B	C	D
60	A	B	C	D

61	A	B	C	D
62	A	B	C	D
63	A	B	C	D
64	A	B	C	D
65	A	B	C	D
66	A	B	C	D
67	A	B	C	D
68	A	B	C	D
69	A	B	C	D
70	A	B	C	D
71	A	B	C	D
72	A	B	C	D
73	A	B	C	D
74	A	B	C	D
75	A	B	C	D
76	A	B	C	D
77	A	B	C	D
78	A	B	C	D
79	A	B	C	D
80	A	B	C	D

81	A	B	C	D
82	A	B	C	D
83	A	B	C	D
84	A	B	C	D
85	A	B	C	D
86	A	B	C	D
87	A	B	C	D
88	A	B	C	D
89	A	B	C	D
90	A	B	C	D
91	A	B	C	D
92	A	B	C	D
93	A	B	C	D
94	A	B	C	D
95	A	B	C	D
96	A	B	C	D
97	A	B	C	D
98	A	B	C	D
99	A	B	C	D
100	A	B	C	D

STUDENT'S SIGNATURE

SUPERVISOR SIGNATURE







SAMPLE OMR SHEET FOR PRACTICE



Use black ball point pen for filling the form

Candidate's Name																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Important Instructions
1. Read all instructions carefully
2. Darken the circles with Black/Blue Ball Point Pen.
3. Please be careful while marking, you cannot mark more than one option for any Question. If you darken more than one circle your answer will be tested as wrong.
4. Do not mark any stray marks on the answer sheet.
5. Do not fold the answer sheet.
6. Check the Reg. No. Before signing
7. Rough work must not be done on answer sheet.
8. Use question booklet for rough work.

Correct Method	Wrong Method
	
	
	

Centre Code	Registration Number	Set	Mobile Number	Class	
<input type="text"/> <input type="text"/>	<input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 10th <input type="radio"/> 12th <th>Gender</th> <input type="radio"/> Male <input type="radio"/> Female	Gender

1	A	B	C	D	16	A	B	C	D	31	A	B	C	D	46	A	B	C	D	61	A	B	C	D
2	A	B	C	D	17	A	B	C	D	32	A	B	C	D	47	A	B	C	D	62	A	B	C	D
3	A	B	C	D	18	A	B	C	D	33	A	B	C	D	48	A	B	C	D	63	A	B	C	D
4	A	B	C	D	19	A	B	C	D	34	A	B	C	D	49	A	B	C	D	64	A	B	C	D
5	A	B	C	D	20	A	B	C	D	35	A	B	C	D	50	A	B	C	D	65	A	B	C	D
6	A	B	C	D	21	A	B	C	D	36	A	B	C	D	51	A	B	C	D	66	A	B	C	D
7	A	B	C	D	22	A	B	C	D	37	A	B	C	D	52	A	B	C	D	67	A	B	C	D
8	A	B	C	D	23	A	B	C	D	38	A	B	C	D	53	A	B	C	D	68	A	B	C	D
9	A	B	C	D	24	A	B	C	D	39	A	B	C	D	54	A	B	C	D	69	A	B	C	D
10	A	B	C	D	25	A	B	C	D	40	A	B	C	D	55	A	B	C	D	70	A	B	C	D
11	A	B	C	D	26	A	B	C	D	41	A	B	C	D	56	A	B	C	D	71	A	B	C	D
12	A	B	C	D	27	A	B	C	D	42	A	B	C	D	57	A	B	C	D	72	A	B	C	D
13	A	B	C	D	28	A	B	C	D	43	A	B	C	D	58	A	B	C	D	73	A	B	C	D
14	A	B	C	D	29	A	B	C	D	44	A	B	C	D	59	A	B	C	D	74	A	B	C	D
15	A	B	C	D	30	A	B	C	D	45	A	B	C	D	60	A	B	C	D	75	A	B	C	D

Candidate's Signature

**DO NOT MAKE ANY
STRAY MARK ON THE
ANSWER SHEET**

Invigilator's Signature



SAMPLE OMR SHEET FOR PRACTICE

Multigraphics Since: 1995

(An ISO 9001:2008 Certified Company)

प्रवेश हेतु प्रार्थना पत्र

ध्यान दें : नमूना (Sample) देख कर भरें।

1. Form No. grid with numbers 0-9



प्रवेशार्थी स्व-हस्ताक्षरित नवीन फोटो चिपकार्यें Do not staple

1. Candidate's Name / प्रवेशार्थी का नाम grid with letters A-Z

2. Father's Name / पिता का नाम grid with letters A-Z

Please Fold By This Line

Please Fold By This Line

Please Fold By This Line

3. Mother's Name / माता का नाम grid with letters A-Z

4. Date of Birth / जन्म तिथि grid with numbers 0-9

5. Category / वर्ग General, OBC, SC, ST, Freedom Fighter, Handicapped

6. Nationality / राष्ट्रियता Indian, Other 7. Gender / लिंग Male, Female

8. Course Applied / कक्षा B.A., B.Com, M.A. Hindi, M.A. Eng., M.A. Eco, M.Com

9. Religion / धर्म Hindu, Muslim, Christian, Sikh, Jain, Buddhism 11. Marital Status वैवाहिक स्थिति Married, Un-married

10. Annual Income / वार्षिक आय Rs. Below 1,00,000, Rs. 1,00,000 2,00,000, Rs. 2,00,000 3,00,000, Rs. 3,00,000 5,00,000, ABOVE Rs. 5,00,000

12. Subject offered in B.A. Ist, IInd, IIIrd (Only one subject from each group) / प्रवेष्टित विषय Group 'A', Group 'B', Group 'C'

13. Name of guardian and relation with guardian

14. Guardian Occupation / व्यवसाय

15. Factory ward & Factory Name / रक्षा निर्माणी का नाम

Details of academic description / उत्तीर्ण कक्षाओं का अकादमिक विवरण

16. High School / हाई स्कूल U.P. CBSE
 ICSC Others

Name of Board

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

17. Intermediate / इंटरमीडिएट U.P. CBSE
 ISC Others

Name of Board

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

18. Graduation 1st Year / स्नातक प्रथम वर्ष

Name of University

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

19. Graduation 2nd Year / स्नातक द्वितीय वर्ष

Name of University

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

20. Graduation 3rd Year / स्नातक तृतीय वर्ष

Name of University

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

21. M.A./ M. Com. Previous / एम. ए. / एम. कॉम. प्रथम वर्ष

Name of University

MARKS			
Roll Number	Year	Marks	%
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Please Fold By This Line

Please Fold By This Line

Please Fold By This Line

22. Short Address / संक्षिप्त पता / ग्राम व पोस्ट

A
 B
 C
 D
 E
 F
 G
 H
 I
 J
 K
 L
 M
 N
 O
 P
 Q
 R
 S
 T
 U
 V
 W
 X
 Y
 Z
 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 -
 .

23. District / जनपद

A
 B
 C
 D
 E
 F
 G
 H
 I
 J
 K
 L
 M
 N
 O
 P
 Q
 R
 S
 T
 U
 V
 W
 X
 Y
 Z

d) Roll Number of previous year

26. Complete Address / पत्राचार हेतु पूर्ण पता (पिन कोड सहित)

Pincode

24. Mobile Number / फोन नं.

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

25. If candidate is already enrolled in this college earlier, give details : / यदि छात्र महाविद्यालय का पूर्व छात्र है तो, निम्न विवरण दें।

a) Class / कक्षा

b) Year / वर्ष

c) Admission Number of previous year / पूर्व वर्ष की प्रवेश संख्या

0 0 0 0 0 0 0 0 0 0
 1 1 1 1 1 1 1 1 1 1
 2 2 2 2 2 2 2 2 2 2
 3 3 3 3 3 3 3 3 3 3
 4 4 4 4 4 4 4 4 4 4
 5 5 5 5 5 5 5 5 5 5
 6 6 6 6 6 6 6 6 6 6
 7 7 7 7 7 7 7 7 7 7
 8 8 8 8 8 8 8 8 8 8
 9 9 9 9 9 9 9 9 9 9

Signature of Student

DATE

Signature of Guardian

PART - A

Examination for Recruitment of Warder / Female Warder in Correctional Services, West bengal, 2015

This is the property of WBPRB

1. Name of the Candidate																																																																																																																																																																																																	
<p style="text-align: center;">Important Instructions for candidates</p> <p>1. Use BLACK BALL POINT PEN only.</p> <p>2. Fill up necessary particulars such as Name, Written Test Roll No. , Question Booklet No. etc carefully.</p> <p>3. More detailed instructions are given on the backside, please read them carefully and act accordingly.</p> <p>4. Darken only one CIRCLE for each question as shown in sample below :</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Right Method</td> <td style="padding: 2px;">Wrong Method</td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D </td> <td style="text-align: center;"> <input checked="" type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D </td> </tr> </table>	Right Method	Wrong Method	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	<input checked="" type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	<p>2. Written Test Roll No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>3. Encode W.T. Roll No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td> </tr> </table> <p>4. Question booklet No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>5. Encode Q.B. No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td><td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td><td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td><td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td><td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td><td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td> </tr> </table>															1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0															1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0
Right Method	Wrong Method																																																																																																																																																																																																
<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	<input checked="" type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D																																																																																																																																																																																																
1	1	1	1	1	1	1	1																																																																																																																																																																																										
2	2	2	2	2	2	2	2																																																																																																																																																																																										
3	3	3	3	3	3	3	3																																																																																																																																																																																										
4	4	4	4	4	4	4	4																																																																																																																																																																																										
5	5	5	5	5	5	5	5																																																																																																																																																																																										
6	6	6	6	6	6	6	6																																																																																																																																																																																										
7	7	7	7	7	7	7	7																																																																																																																																																																																										
8	8	8	8	8	8	8	8																																																																																																																																																																																										
9	9	9	9	9	9	9	9																																																																																																																																																																																										
0	0	0	0	0	0	0	0																																																																																																																																																																																										
1	1	1	1	1	1	1	1																																																																																																																																																																																										
2	2	2	2	2	2	2	2																																																																																																																																																																																										
3	3	3	3	3	3	3	3																																																																																																																																																																																										
4	4	4	4	4	4	4	4																																																																																																																																																																																										
5	5	5	5	5	5	5	5																																																																																																																																																																																										
6	6	6	6	6	6	6	6																																																																																																																																																																																										
7	7	7	7	7	7	7	7																																																																																																																																																																																										
8	8	8	8	8	8	8	8																																																																																																																																																																																										
9	9	9	9	9	9	9	9																																																																																																																																																																																										
0	0	0	0	0	0	0	0																																																																																																																																																																																										
6. Full Signature of the Candidate	7. Full Signature of the Invigilator																																																																																																																																																																																																

--- ✂ --- Tear from here --- Tear from here --- Tear from here --- ✂ ---

PART - B

	Questions				
1	(A) (B) (C) (D)	21	(A) (B) (C) (D)	41	(A) (B) (C) (D)
2	(A) (B) (C) (D)	22	(A) (B) (C) (D)	42	(A) (B) (C) (D)
3	(A) (B) (C) (D)	23	(A) (B) (C) (D)	43	(A) (B) (C) (D)
4	(A) (B) (C) (D)	24	(A) (B) (C) (D)	44	(A) (B) (C) (D)
5	(A) (B) (C) (D)	25	(A) (B) (C) (D)	45	(A) (B) (C) (D)
6	(A) (B) (C) (D)	26	(A) (B) (C) (D)	46	(A) (B) (C) (D)
7	(A) (B) (C) (D)	27	(A) (B) (C) (D)	47	(A) (B) (C) (D)
8	(A) (B) (C) (D)	28	(A) (B) (C) (D)	48	(A) (B) (C) (D)
9	(A) (B) (C) (D)	29	(A) (B) (C) (D)	49	(A) (B) (C) (D)
10	(A) (B) (C) (D)	30	(A) (B) (C) (D)	50	(A) (B) (C) (D)
11	(A) (B) (C) (D)	31	(A) (B) (C) (D)	51	(A) (B) (C) (D)
12	(A) (B) (C) (D)	32	(A) (B) (C) (D)	52	(A) (B) (C) (D)
13	(A) (B) (C) (D)	33	(A) (B) (C) (D)	53	(A) (B) (C) (D)
14	(A) (B) (C) (D)	34	(A) (B) (C) (D)	54	(A) (B) (C) (D)
15	(A) (B) (C) (D)	35	(A) (B) (C) (D)	55	(A) (B) (C) (D)
16	(A) (B) (C) (D)	36	(A) (B) (C) (D)	56	(A) (B) (C) (D)
17	(A) (B) (C) (D)	37	(A) (B) (C) (D)	57	(A) (B) (C) (D)
18	(A) (B) (C) (D)	38	(A) (B) (C) (D)	58	(A) (B) (C) (D)
19	(A) (B) (C) (D)	39	(A) (B) (C) (D)	59	(A) (B) (C) (D)
20	(A) (B) (C) (D)	40	(A) (B) (C) (D)	60	(A) (B) (C) (D)



Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

Name:

Mobile: Ph No:

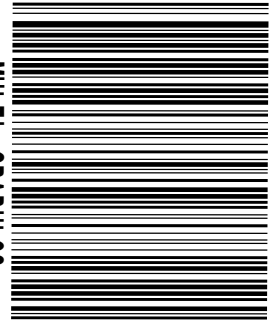
Subject: Date of Exam:

ROLL NO.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MOBILE NUMBER									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important Instructions	
Correct Method <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	Wrong Method <input checked="" type="radio"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<ul style="list-style-type: none"> Marks should be dark and completely fill the circle. Rough work must not be done on the answer sheet. Make the marks only in the space provided. Please do not make any stray marks on the answer sheet. 	

MULTI GRAPHICS



1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
17	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Correct				
Incorrect				
Marks				

21	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
22	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
23	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
24	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
25	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
26	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
27	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
28	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
29	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
30	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
31	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
32	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
33	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
34	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
35	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
36	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
37	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
38	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
39	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
40	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Correct				
Incorrect				
Marks				

41	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
42	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
43	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
44	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
45	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
46	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
47	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
48	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
49	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
50	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
51	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
52	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
53	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
54	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
55	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
56	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
57	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
58	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
59	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
60	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Correct				
Incorrect				
Marks				

61	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
62	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
63	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
64	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
65	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
66	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
67	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
68	<input type="radio"/> A	<input 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 type="radio"/> D
70	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
71	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
72	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
73	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
74	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
75	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
76	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
77	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
78	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
79	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
80	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Correct				
Incorrect				
Marks				

81	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
82	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
83	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
84	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
85	<input type="radio"/> A	<input 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 type="radio"/> D
87	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
88	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
89	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
90	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
91	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
92	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
93	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
94	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
95	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
96	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
97	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
98	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
99	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
100	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Correct				
Incorrect				
Marks				

Student's Signature

Maximum Marks

Marks Obtained

Marks in %

Remarks

Answer Sheet



Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

Candidate's Name																			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Father's Name :

Home Address :

School :

Roll No. :

Medical

Non-medical

Signature

Contact No. (with STD code)/Mobile No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

10 th %age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

+1 %age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Series
<p style="margin: 0;">(A)</p> <p style="margin: 0;">(B)</p> <p style="margin: 0;">(C)</p> <p style="margin: 0;">(D)</p> <p style="margin: 0;">(E)</p>

Important Instructions

Wrong Method Correct Method

- Mark should be dark and completely fill the circle.
- Rough work must not be done on the answer sheet.
- Make the marks only in the space provided.
- Please do not make any stray marks on the answer sheet.

PHYSICS	
01	(A) (B) (C) (D)
02	(A) (B) (C) (D)
03	(A) (B) (C) (D)
04	(A) (B) (C) (D)
05	(A) (B) (C) (D)
06	(A) (B) (C) (D)
07	(A) (B) (C) (D)
08	(A) (B) (C) (D)
09	(A) (B) (C) (D)
10	(A) (B) (C) (D)
11	(A) (B) (C) (D)
12	(A) (B) (C) (D)
13	(A) (B) (C) (D)
14	(A) (B) (C) (D)
15	(A) (B) (C) (D)

CHEMISTRY	
01	(A) (B) (C) (D)
02	(A) (B) (C) (D)
03	(A) (B) (C) (D)
04	(A) (B) (C) (D)
05	(A) (B) (C) (D)
06	(A) (B) (C) (D)
07	(A) (B) (C) (D)
08	(A) (B) (C) (D)
09	(A) (B) (C) (D)
10	(A) (B) (C) (D)
11	(A) (B) (C) (D)
12	(A) (B) (C) (D)
13	(A) (B) (C) (D)
14	(A) (B) (C) (D)
15	(A) (B) (C) (D)

MATHS/BIO	
01	(A) (B) (C) (D)
02	(A) (B) (C) (D)
03	(A) (B) (C) (D)
04	(A) (B) (C) (D)
05	(A) (B) (C) (D)
06	(A) (B) (C) (D)
07	(A) (B) (C) (D)
08	(A) (B) (C) (D)
09	(A) (B) (C) (D)
10	(A) (B) (C) (D)
11	(A) (B) (C) (D)
12	(A) (B) (C) (D)
13	(A) (B) (C) (D)
14	(A) (B) (C) (D)
15	(A) (B) (C) (D)

BIO	
16	(A) (B) (C) (D)
17	(A) (B) (C) (D)
18	(A) (B) (C) (D)
19	(A) (B) (C) (D)
20	(A) (B) (C) (D)
21	(A) (B) (C) (D)
22	(A) (B) (C) (D)
23	(A) (B) (C) (D)
24	(A) (B) (C) (D)
25	(A) (B) (C) (D)
26	(A) (B) (C) (D)
27	(A) (B) (C) (D)
28	(A) (B) (C) (D)
29	(A) (B) (C) (D)
30	(A) (B) (C) (D)



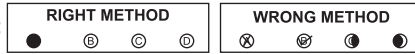
ANSWER SHEET

ANSWER SHEET NO. _____

Please read the instructions carefully before writing

1. Use only **Black Ball point pen** to darken appropriate circles completely.
2. The Mark should be dark and completely filled.
3. Darken **ONLY ONE CIRCLE** for answering each question.
4. Answer once shaded is final. No changes is permitted.
5. Please do not use correcting fluid or put any stray marks on the answer sheet
6. Rough work must not be done on the answer sheet.
7. Use space on Question paper provided for rough work.

8. Mark your answer like this:



Roll Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Question 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

Name of the Candidate _____

Post applied for _____

Examination Centre _____ Date of Exam

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1.	A	B	C	D	31.	A	B	C	D	61.	A	B	C	D	91.	A	B	C	D	121.	A	B	C	D
2.	A	B	C	D	32.	A	B	C	D	62.	A	B	C	D	92.	A	B	C	D	122.	A	B	C	D
3.	A	B	C	D	33.	A	B	C	D	63.	A	B	C	D	93.	A	B	C	D	123.	A	B	C	D
4.	A	B	C	D	34.	A	B	C	D	64.	A	B	C	D	94.	A	B	C	D	124.	A	B	C	D
5.	A	B	C	D	35.	A	B	C	D	65.	A	B	C	D	95.	A	B	C	D	125.	A	B	C	D
6.	A	B	C	D	36.	A	B	C	D	66.	A	B	C	D	96.	A	B	C	D	126.	A	B	C	D
7.	A	B	C	D	37.	A	B	C	D	67.	A	B	C	D	97.	A	B	C	D	127.	A	B	C	D
8.	A	B	C	D	38.	A	B	C	D	68.	A	B	C	D	98.	A	B	C	D	128.	A	B	C	D
9.	A	B	C	D	39.	A	B	C	D	69.	A	B	C	D	99.	A	B	C	D	129.	A	B	C	D
10.	A	B	C	D	40.	A	B	C	D	70.	A	B	C	D	100.	A	B	C	D	130.	A	B	C	D
11.	A	B	C	D	41.	A	B	C	D	71.	A	B	C	D	101.	A	B	C	D	131.	A	B	C	D
12.	A	B	C	D	42.	A	B	C	D	72.	A	B	C	D	102.	A	B	C	D	132.	A	B	C	D
13.	A	B	C	D	43.	A	B	C	D	73.	A	B	C	D	103.	A	B	C	D	133.	A	B	C	D
14.	A	B	C	D	44.	A	B	C	D	74.	A	B	C	D	104.	A	B	C	D	134.	A	B	C	D
15.	A	B	C	D	45.	A	B	C	D	75.	A	B	C	D	105.	A	B	C	D	135.	A	B	C	D
16.	A	B	C	D	46.	A	B	C	D	76.	A	B	C	D	106.	A	B	C	D	136.	A	B	C	D
17.	A	B	C	D	47.	A	B	C	D	77.	A	B	C	D	107.	A	B	C	D	137.	A	B	C	D
18.	A	B	C	D	48.	A	B	C	D	78.	A	B	C	D	108.	A	B	C	D	138.	A	B	C	D
19.	A	B	C	D	49.	A	B	C	D	79.	A	B	C	D	109.	A	B	C	D	139.	A	B	C	D
20.	A	B	C	D	50.	A	B	C	D	80.	A	B	C	D	110.	A	B	C	D	140.	A	B	C	D
21.	A	B	C	D	51.	A	B	C	D	81.	A	B	C	D	111.	A	B	C	D	141.	A	B	C	D
22.	A	B	C	D	52.	A	B	C	D	82.	A	B	C	D	112.	A	B	C	D	142.	A	B	C	D
23.	A	B	C	D	53.	A	B	C	D	83.	A	B	C	D	113.	A	B	C	D	143.	A	B	C	D
24.	A	B	C	D	54.	A	B	C	D	84.	A	B	C	D	114.	A	B	C	D	144.	A	B	C	D
25.	A	B	C	D	55.	A	B	C	D	85.	A	B	C	D	115.	A	B	C	D	145.	A	B	C	D
26.	A	B	C	D	56.	A	B	C	D	86.	A	B	C	D	116.	A	B	C	D	146.	A	B	C	D
27.	A	B	C	D	57.	A	B	C	D	87.	A	B	C	D	117.	A	B	C	D	147.	A	B	C	D
28.	A	B	C	D	58.	A	B	C	D	88.	A	B	C	D	118.	A	B	C	D	148.	A	B	C	D
29.	A	B	C	D	59.	A	B	C	D	89.	A	B	C	D	119.	A	B	C	D	149.	A	B	C	D
30.	A	B	C	D	60.	A	B	C	D	90.	A	B	C	D	120.	A	B	C	D	150.	A	B	C	D

Name and Signature of Invigilator
(Within the Box)

Signature of Candidate
(Within the Box)

ANSWER SHEET

Date : _____

Roll No. : _____

Name of the Post : _____

ROLL NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(A)	(1)	(1)	(1)	(1)	(P)
(P)	(2)	(2)	(2)	(2)	(J)
(Y)	(3)	(3)	(3)	(3)	(A)
(M)	(4)	(4)	(4)	(4)	
(D)	(5)	(5)	(5)	(5)	
	(6)	(6)	(6)	(6)	
	(7)	(7)	(7)	(7)	
	(8)	(8)	(8)	(8)	
	(9)	(9)	(9)	(9)	
	(0)	(0)	(0)	(0)	

INSTRUCTIONS

- There is only one correct answer for each question.
- Make the answer as shown in the example.
- All entries in the circle must be made by BLUE Ball Point Pen only.
- Do not try to alter the entry. It will lead to score of zero for that answer.
- Time of the examination is 1 hour 30 minutes.

EXAMPLE

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

CORRECT METHOD

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	57.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	58.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	60.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	62.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	63.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	64.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	65.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	66.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	67.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	68.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	69.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	70.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										

INVIGILATOR'S SIGNATURE

CANDIDATE'S SIGNATURE

MEDIUM	
HINDI	(1)
ENGLISH	(2)
URDU	(3)
GROUP	
HUMANITY	(1)
SCIENCE	(2)
COMMERCE	(3)
AGRICULTURE	(4)
FINE ARTS	(5)
HOME SCIENCE	(6)

FATHER'S NAME (IN CAPITAL LETTERS)																									
[Grid for writing father's name]																									

COURSES	
CODE	SUBJECT
FIRST LANGUAGE (Special) (Choose only 1)	
001	Hindi <input type="checkbox"/>
002	English <input type="checkbox"/>
003	Sanskrit <input type="checkbox"/>
004	Marathi <input type="checkbox"/>
005	Urdu <input type="checkbox"/>
SECOND LANGUAGE (General) (Choose only 1)	
051	Hindi <input type="checkbox"/>
052	English <input type="checkbox"/>
053	Sanskrit <input type="checkbox"/>
054	Marathi <input type="checkbox"/>
055	Urdu <input type="checkbox"/>
056	Punjabi <input type="checkbox"/>
057	Sindhi <input type="checkbox"/>
058	Bengali <input type="checkbox"/>
059	Gujrati <input type="checkbox"/>
060	Telgu <input type="checkbox"/>
061	Tamil <input type="checkbox"/>
062	Malayalam <input type="checkbox"/>
067	Kannad <input type="checkbox"/>
068	Oriya <input type="checkbox"/>
LANGUAGE OF HIGHER STANDARD GROUP-B ONLY	
171	Sanskrit <input type="checkbox"/>
DIVERSIFIED SUBJECT HUMANITIES	
110	History <input type="checkbox"/>
120	Geography <input type="checkbox"/>
130	Political Science <input type="checkbox"/>
140	Economics <input type="checkbox"/>
151	Computer Application <input type="checkbox"/>
169	Business Maths <input type="checkbox"/>
(any one of the following)	
161	Indian Music <input type="checkbox"/>
162	Drawing & Designing <input type="checkbox"/>
163	Dancing <input type="checkbox"/>
164	Steno Typing <input type="checkbox"/>
165	Agriculture <input type="checkbox"/>
166	Sociology <input type="checkbox"/>
167	Psychology <input type="checkbox"/>
168	Home Science Anatomy <input type="checkbox"/>
SCIENCE GROUP	
210	Physics <input type="checkbox"/>
220	Chemistry <input type="checkbox"/>
(any one of the following)	
231	Biology <input type="checkbox"/>
150	Mathematics <input type="checkbox"/>

MOTHER'S NAME (IN CAPITAL LETTERS)																									
[Grid for writing mother's name]																									

CODE	SUBJECT	CODE	SUBJECT	INSTRUCTIONS				
COMMERCE GROUP		FINE ARTS GROUP		<p>कृपया शीट भरने के पूर्व निम्नलिखित निर्देशों को सावधानी पूर्वक पढ़ें-</p> <ol style="list-style-type: none"> गोले को भरने के लिये काले / नीले बॉल प्वाइंट पेन का उपयोग करें। कृपया शीट भरने के पूर्व सुनिश्चित करे कि कौन से गोले में भरना है। शीट पर अनावश्यक कुछ भी न लिखें। शीट को मोड़ना, फाड़ना एवं स्टैपल ना करें। आपके द्वारा निर्देशों का पालन नहीं किया जाता है तो आपका आवेदन स्वतः ही निरस्त माना जायेगा। गोले भरने की विधि- <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>सही विधि</td> <td>गलत विधि</td> </tr> <tr> <td style="text-align: center;">(E) ● (E) (E)</td> <td style="text-align: center;">(E) (E) (E)</td> </tr> </table> 	सही विधि	गलत विधि	(E) ● (E) (E)	(E) (E) (E)
सही विधि	गलत विधि							
(E) ● (E) (E)	(E) (E) (E)							
310	Element of commerce & management <input type="checkbox"/>	510	Drawing & Painting <input type="checkbox"/>					
320	Book keeping & Accountancy <input type="checkbox"/>	520	Still Life & Design <input type="checkbox"/>					
(any one of the following)		530	History of Indian Art <input type="checkbox"/>					
164	Steno Typing <input type="checkbox"/>	HOME SCIENCE GROUP						
331	Applied Eco & Comm. Geo <input type="checkbox"/>	610	Food & Nutrition <input type="checkbox"/>					
332	Industrial Organisation <input type="checkbox"/>	620	Physiology & First Aid <input type="checkbox"/>					
151	Computer Application <input type="checkbox"/>	631	Element of Science <input type="checkbox"/>					
169	Business Maths <input type="checkbox"/>	ADDITIONAL SUBJECT (if any only for science group)						
AGRICULTURE GROUP		850	Mathematics <input type="checkbox"/>					
410	Ele. of science & Maths for agriculture <input type="checkbox"/>	831	Biology <input type="checkbox"/>					
(any one of the following)		(only for humanities & commerce group)						
420	Crop Prod. & Horticulture <input type="checkbox"/>	869	Business Maths <input type="checkbox"/>					
SCIENCE GROUP		COMPULSORY SUBJECT						
430	Ele. of Animal Hus. & Poultry Farming <input type="checkbox"/>	098	Environment Education <input type="checkbox"/>					

DECLARATION	
It is certified that information given on the form is correct and has been checked by me.	
Date :	Signature of Principal

Details of Academic Description

<p style="text-align: center;">15.High School / हाई स्कूल</p> <p style="text-align: center;">CBSE <input type="radio"/> U.P. <input type="radio"/> ICSE <input type="radio"/> Others <input type="radio"/></p> <p>Name of Board</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9	<p style="font-size: small;">Note-1 For B.A./B.Com- Best five subject marks and percentage Note-2 For B.Sc.- Marks of PCM/PCB Out of 300</p> <p style="text-align: center;">16.Intermediate / इंटरमीडिएट</p> <p style="text-align: center;">CBSE <input type="radio"/> U.P. <input type="radio"/> ISC <input type="radio"/> Others <input type="radio"/></p> <p>Name of Board</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9	<p style="text-align: center;">17.Graduation 1st Year / स्नातक प्रथम वर्ष</p> <p>Name of University</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											
<p style="text-align: center;">18.Graduation 2nd Year / स्नातक द्वितीय वर्ष</p> <p>Name of University</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9	<p style="text-align: center;">19.Graduation 3rd Year / स्नातक तृतीय वर्ष</p> <p>Name of University</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9	<p style="text-align: center;">20.M.A./M.Sc/ M. Com. Previous / एम. ए. /एम. एससी/एम. कॉम. प्रथम वर्ष</p> <p>Name of University</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">MARKS</th> </tr> <tr> <th>Roll Number</th> <th>Year</th> <th>Marks</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </tbody> </table>	MARKS				Roll Number	Year	Marks	%					0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											
MARKS																																																																																																																																																														
Roll Number	Year	Marks	%																																																																																																																																																											
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																																																																											
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																																																																											
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																																																																											
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																																																																											
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																																																																											
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																																																																											
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																																																																											
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																																																																											
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																																																																											
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																																																																											

Please Fold By This Line

Please Fold By This Line

Please Fold By This Line

21. Complete Address / पत्राचार हेतुपूर्ण (पिन कोड सहित)
Pincode

<p>22. Mobile Phone Number / फोन नं.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0 0</td><td>0 0</td></tr> <tr><td>1 1 1 1 1 1 1 1</td><td>1 1</td><td>1 1 1</td><td>1 1</td></tr> <tr><td>2 2 2 2 2 2 2 2</td><td>2 2</td><td>2 2 2</td><td>2 2</td></tr> <tr><td>3 3 3 3 3 3 3 3</td><td>3 3</td><td>3 3 3</td><td>3 3</td></tr> <tr><td>4 4 4 4 4 4 4 4</td><td>4 4</td><td>4 4 4</td><td>4 4</td></tr> <tr><td>5 5 5 5 5 5 5 5</td><td>5 5</td><td>5 5 5</td><td>5 5</td></tr> <tr><td>6 6 6 6 6 6 6 6</td><td>6 6</td><td>6 6 6</td><td>6 6</td></tr> <tr><td>7 7 7 7 7 7 7 7</td><td>7 7</td><td>7 7 7</td><td>7 7</td></tr> <tr><td>8 8 8 8 8 8 8 8</td><td>8 8</td><td>8 8 8</td><td>8 8</td></tr> <tr><td>9 9 9 9 9 9 9 9</td><td>9 9</td><td>9 9 9</td><td>9 9</td></tr> </table>											0 0 0 0 0 0 0 0	0 0	0 0 0	0 0	1 1 1 1 1 1 1 1	1 1	1 1 1	1 1	2 2 2 2 2 2 2 2	2 2	2 2 2	2 2	3 3 3 3 3 3 3 3	3 3	3 3 3	3 3	4 4 4 4 4 4 4 4	4 4	4 4 4	4 4	5 5 5 5 5 5 5 5	5 5	5 5 5	5 5	6 6 6 6 6 6 6 6	6 6	6 6 6	6 6	7 7 7 7 7 7 7 7	7 7	7 7 7	7 7	8 8 8 8 8 8 8 8	8 8	8 8 8	8 8	9 9 9 9 9 9 9 9	9 9	9 9 9	9 9	<p>23(a).Name of last attended college</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p>(b).For PG Classes</p> <p>Christ Church college <input type="radio"/></p> <p>Other college <input type="radio"/></p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>24.e-mail id / ईमेल आईडी</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p style="text-align: center;">25.Bank Details</p> <p style="text-align: center;">U.P. Co-Operative Bank</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Branch Code</th> <th>D.D. No.</th> <th>Amount in Rs.</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0 0 0 0 0 0</td><td>0 0 0 0 0 0 0 0</td><td>0 0 0 0 0 0</td><td>0 0 / 0 0 / 0 0</td></tr> <tr><td>1 1 1 1 1 1</td><td>1 1 1 1 1 1 1 1</td><td>1 1 1 1 1 1</td><td>1 1 / 1 1 / 1 1</td></tr> <tr><td>2 2 2 2 2 2</td><td>2 2 2 2 2 2 2 2</td><td>2 2 2 2 2 2</td><td>2 2 / 2 2 / 2 2</td></tr> <tr><td>3 3 3 3 3 3</td><td>3 3 3 3 3 3 3 3</td><td>3 3 3 3 3 3</td><td>3 3 / 3 3 / 3 3</td></tr> <tr><td>4 4 4 4 4 4</td><td>4 4 4 4 4 4 4 4</td><td>4 4 4 4 4 4</td><td>4 4 / 4 4 / 4 4</td></tr> <tr><td>5 5 5 5 5 5</td><td>5 5 5 5 5 5 5 5</td><td>5 5 5 5 5 5</td><td>5 5 / 5 5 / 5 5</td></tr> <tr><td>6 6 6 6 6 6</td><td>6 6 6 6 6 6 6 6</td><td>6 6 6 6 6 6</td><td>6 6 / 6 6 / 6 6</td></tr> <tr><td>7 7 7 7 7 7</td><td>7 7 7 7 7 7 7 7</td><td>7 7 7 7 7 7</td><td>7 7 / 7 7 / 7 7</td></tr> <tr><td>8 8 8 8 8 8</td><td>8 8 8 8 8 8 8 8</td><td>8 8 8 8 8 8</td><td>8 8 / 8 8 / 8 8</td></tr> <tr><td>9 9 9 9 9 9</td><td>9 9 9 9 9 9 9 9</td><td>9 9 9 9 9 9</td><td>9 9 / 9 9 / 9 9</td></tr> </tbody> </table>	Branch Code	D.D. No.	Amount in Rs.	Date					0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 / 0 0 / 0 0	1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 / 1 1 / 1 1	2 2 2 2 2 2	2 2 2 2 2 2 2 2	2 2 2 2 2 2	2 2 / 2 2 / 2 2	3 3 3 3 3 3	3 3 3 3 3 3 3 3	3 3 3 3 3 3	3 3 / 3 3 / 3 3	4 4 4 4 4 4	4 4 4 4 4 4 4 4	4 4 4 4 4 4	4 4 / 4 4 / 4 4	5 5 5 5 5 5	5 5 5 5 5 5 5 5	5 5 5 5 5 5	5 5 / 5 5 / 5 5	6 6 6 6 6 6	6 6 6 6 6 6 6 6	6 6 6 6 6 6	6 6 / 6 6 / 6 6	7 7 7 7 7 7	7 7 7 7 7 7 7 7	7 7 7 7 7 7	7 7 / 7 7 / 7 7	8 8 8 8 8 8	8 8 8 8 8 8 8 8	8 8 8 8 8 8	8 8 / 8 8 / 8 8	9 9 9 9 9 9	9 9 9 9 9 9 9 9	9 9 9 9 9 9	9 9 / 9 9 / 9 9
0 0 0 0 0 0 0 0	0 0	0 0 0	0 0																																																																																																	
1 1 1 1 1 1 1 1	1 1	1 1 1	1 1																																																																																																	
2 2 2 2 2 2 2 2	2 2	2 2 2	2 2																																																																																																	
3 3 3 3 3 3 3 3	3 3	3 3 3	3 3																																																																																																	
4 4 4 4 4 4 4 4	4 4	4 4 4	4 4																																																																																																	
5 5 5 5 5 5 5 5	5 5	5 5 5	5 5																																																																																																	
6 6 6 6 6 6 6 6	6 6	6 6 6	6 6																																																																																																	
7 7 7 7 7 7 7 7	7 7	7 7 7	7 7																																																																																																	
8 8 8 8 8 8 8 8	8 8	8 8 8	8 8																																																																																																	
9 9 9 9 9 9 9 9	9 9	9 9 9	9 9																																																																																																	
Branch Code	D.D. No.	Amount in Rs.	Date																																																																																																	
0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 / 0 0 / 0 0																																																																																																	
1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 / 1 1 / 1 1																																																																																																	
2 2 2 2 2 2	2 2 2 2 2 2 2 2	2 2 2 2 2 2	2 2 / 2 2 / 2 2																																																																																																	
3 3 3 3 3 3	3 3 3 3 3 3 3 3	3 3 3 3 3 3	3 3 / 3 3 / 3 3																																																																																																	
4 4 4 4 4 4	4 4 4 4 4 4 4 4	4 4 4 4 4 4	4 4 / 4 4 / 4 4																																																																																																	
5 5 5 5 5 5	5 5 5 5 5 5 5 5	5 5 5 5 5 5	5 5 / 5 5 / 5 5																																																																																																	
6 6 6 6 6 6	6 6 6 6 6 6 6 6	6 6 6 6 6 6	6 6 / 6 6 / 6 6																																																																																																	
7 7 7 7 7 7	7 7 7 7 7 7 7 7	7 7 7 7 7 7	7 7 / 7 7 / 7 7																																																																																																	
8 8 8 8 8 8	8 8 8 8 8 8 8 8	8 8 8 8 8 8	8 8 / 8 8 / 8 8																																																																																																	
9 9 9 9 9 9	9 9 9 9 9 9 9 9	9 9 9 9 9 9	9 9 / 9 9 / 9 9																																																																																																	

Date	
------	--

Date	
------	--

Signature of Student	
----------------------	--

Signature of Parent/Guardian	
------------------------------	--

Note : Do not pin any document with this OMR sheet



Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

STUDENT'S PARTICULARS

1. STUDENT'S NAME:

2. REGISTRATION NO.: I C

3. ROLL NUMBER: (As Per Hall Ticket)

4. COURSE:

5. SPECIALIZATION:

6. YEAR: 7. PAPER CODE:

8. PAPER NAME:

9. INSTITUTE CODE: (Information Centre Code)

10. MOBILE NO.: (For SMS alert of Result)

Question BOOKLET CODE

(A) (B) (C) (D)



INSTRUCTIONS TO STUDENTS

The marks should be dark and completely fill the circle without leaving any space, as no marks will be given for the wrong method of answering. The correct and wrong method of shading are given below:

- You are prohibited from tampering the timing track and writing on bar code, as they may affect allotment of marks to you.
- Use a Black Ball Pointed Pen to fill the circles.
- A bad mark will be rejected during the processing.
- A sheet without filling Registration No., Roll No., Question Booklet code, Paper Code and Examination Centre Code etc. can be rejected during the process.
- Use this sheet with care, do not fold and smudge. Don't do Rough work on the answer sheet.
- Do not correct by over writing or by scratching and writing as they may affect allotment of marks to you.
- You have to sign and write the date of exam in specified boxes.
- Paper Name and Paper Code are available on the Question Paper.
- To change a marking in circle erase completely with whitener and make fresh marking.
- The Answer Sheet should be hand-over to the invigilator while leaving the examination hall.

Wrong Method

Correct Method

REGISTRATION NUMBER

I C

1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DATE OF EXAM

D D M M Y Y

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0

ANSWER

1	(A)	(B)	(C)	(D)	36	(A)	(B)	(C)	(D)
2	(A)	(B)	(C)	(D)	37	(A)	(B)	(C)	(D)
3	(A)	(B)	(C)	(D)	38	(A)	(B)	(C)	(D)
4	(A)	(B)	(C)	(D)	39	(A)	(B)	(C)	(D)
5	(A)	(B)	(C)	(D)	40	(A)	(B)	(C)	(D)
6	(A)	(B)	(C)	(D)	41	(A)	(B)	(C)	(D)
7	(A)	(B)	(C)	(D)	42	(A)	(B)	(C)	(D)
8	(A)	(B)	(C)	(D)	43	(A)	(B)	(C)	(D)
9	(A)	(B)	(C)	(D)	44	(A)	(B)	(C)	(D)
10	(A)	(B)	(C)	(D)	45	(A)	(B)	(C)	(D)
11	(A)	(B)	(C)	(D)	46	(A)	(B)	(C)	(D)
12	(A)	(B)	(C)	(D)	47	(A)	(B)	(C)	(D)
13	(A)	(B)	(C)	(D)	48	(A)	(B)	(C)	(D)
14	(A)	(B)	(C)	(D)	49	(A)	(B)	(C)	(D)
15	(A)	(B)	(C)	(D)	50	(A)	(B)	(C)	(D)
16	(A)	(B)	(C)	(D)	51	(A)	(B)	(C)	(D)
17	(A)	(B)	(C)	(D)	52	(A)	(B)	(C)	(D)
18	(A)	(B)	(C)	(D)	53	(A)	(B)	(C)	(D)
19	(A)	(B)	(C)	(D)	54	(A)	(B)	(C)	(D)
20	(A)	(B)	(C)	(D)	55	(A)	(B)	(C)	(D)
21	(A)	(B)	(C)	(D)	56	(A)	(B)	(C)	(D)
22	(A)	(B)	(C)	(D)	57	(A)	(B)	(C)	(D)
23	(A)	(B)	(C)	(D)	58	(A)	(B)	(C)	(D)
24	(A)	(B)	(C)	(D)	59	(A)	(B)	(C)	(D)
25	(A)	(B)	(C)	(D)	60	(A)	(B)	(C)	(D)
26	(A)	(B)	(C)	(D)	61	(A)	(B)	(C)	(D)
27	(A)	(B)	(C)	(D)	62	(A)	(B)	(C)	(D)
28	(A)	(B)	(C)	(D)	63	(A)	(B)	(C)	(D)
29	(A)	(B)	(C)	(D)	64	(A)	(B)	(C)	(D)
30	(A)	(B)	(C)	(D)	65	(A)	(B)	(C)	(D)
31	(A)	(B)	(C)	(D)	66	(A)	(B)	(C)	(D)
32	(A)	(B)	(C)	(D)	67	(A)	(B)	(C)	(D)
33	(A)	(B)	(C)	(D)	68	(A)	(B)	(C)	(D)
34	(A)	(B)	(C)	(D)	69	(A)	(B)	(C)	(D)
35	(A)	(B)	(C)	(D)	70	(A)	(B)	(C)	(D)

EXAM CENTRE CODE

PAPER CODE

FULL SIGNATURE OF INVIGILATOR

FULL SIGNATURE OF STUDENT

FOR OFFICE USE ONLY

SIGNATURE OF EXAMINER	SIGNATURE OF CHIEF EXAMINER	TOTAL MARKS
<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE OMR SHEET FOR PRACTICE



Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

Roll No. (Allotted by CTA)

1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
0	0	0	0	0	0	0

Candidate's Mobile No.

1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0

IMPORTANT INSTRUCTION

1. Mark should be dark and completely fill the oval.
 { ● - X ○ - X ○ - X ● - X ● - ✓ }
2. Use blue/black Ball Pen only for filling ovals.
3. Be sure before filling ovals, as no overwriting /cutting allowed
4. There should be no stray marks on the sheet and do not fold this sheet.
5. Give all the details like Email ID, Name of candidate, Address, School Name and address in CAPITAL Letters only.
6. Incomplete OMR sheet is liable to be rejected.
7. Be careful up in filling the ovals for Student's Name, since same spellings will be reflected in your certificate

↓ MARK YOUR ANSWERS HERE

1	A	B	C	D	21	A	B	C	D	41	A	B	C	D	61	A	B	C	D	81	A	B	C	D
2	A	B	C	D	22	A	B	C	D	42	A	B	C	D	62	A	B	C	D	82	A	B	C	D
3	A	B	C	D	23	A	B	C	D	43	A	B	C	D	63	A	B	C	D	83	A	B	C	D
4	A	B	C	D	24	A	B	C	D	44	A	B	C	D	64	A	B	C	D	84	A	B	C	D
5	A	B	C	D	25	A	B	C	D	45	A	B	C	D	65	A	B	C	D	85	A	B	C	D
6	A	B	C	D	26	A	B	C	D	46	A	B	C	D	66	A	B	C	D	86	A	B	C	D
7	A	B	C	D	27	A	B	C	D	47	A	B	C	D	67	A	B	C	D	87	A	B	C	D
8	A	B	C	D	28	A	B	C	D	48	A	B	C	D	68	A	B	C	D	88	A	B	C	D
9	A	B	C	D	29	A	B	C	D	49	A	B	C	D	69	A	B	C	D	89	A	B	C	D
10	A	B	C	D	30	A	B	C	D	50	A	B	C	D	70	A	B	C	D	90	A	B	C	D
11	A	B	C	D	31	A	B	C	D	51	A	B	C	D	71	A	B	C	D	91	A	B	C	D
12	A	B	C	D	32	A	B	C	D	52	A	B	C	D	72	A	B	C	D	92	A	B	C	D
13	A	B	C	D	33	A	B	C	D	53	A	B	C	D	73	A	B	C	D	93	A	B	C	D
14	A	B	C	D	34	A	B	C	D	54	A	B	C	D	74	A	B	C	D	94	A	B	C	D
15	A	B	C	D	35	A	B	C	D	55	A	B	C	D	75	A	B	C	D	95	A	B	C	D
16	A	B	C	D	36	A	B	C	D	56	A	B	C	D	76	A	B	C	D	96	A	B	C	D
17	A	B	C	D	37	A	B	C	D	57	A	B	C	D	77	A	B	C	D	97	A	B	C	D
18	A	B	C	D	38	A	B	C	D	58	A	B	C	D	78	A	B	C	D	98	A	B	C	D
19	A	B	C	D	39	A	B	C	D	59	A	B	C	D	79	A	B	C	D	99	A	B	C	D
20	A	B	C	D	40	A	B	C	D	60	A	B	C	D	80	A	B	C	D	100	A	B	C	D

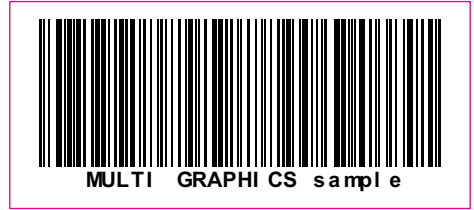
School Code (Allotted by CTA)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)
(0)	(0)	(0)	(0)

School CBSE Code					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)
(0)	(0)	(0)	(0)	(0)	(0)



(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE



School: _____ Stream: _____

Father's Name: _____ Date: _____

STUDENT'S NAME (IN BLOCK LETTERS ONLY)																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Roll Number									
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0

Class	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0

Section	
A	<input type="radio"/>
B	<input type="radio"/>
C	<input type="radio"/>
D	<input type="radio"/>
E	<input type="radio"/>
F	<input type="radio"/>
G	<input type="radio"/>
H	<input type="radio"/>
I	<input type="radio"/>
J	<input type="radio"/>

Gender	
Male	<input type="radio"/>
Female	<input type="radio"/>

Age	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0

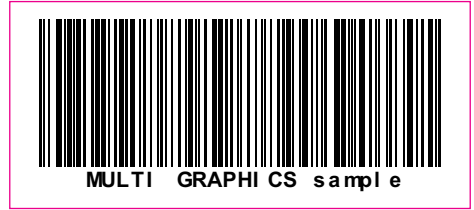
Instructions	
1	The aim of the record is to know which career you would like to undertake when you finish your studies. It will certainly help to know your preference so that you can prepare yourself for that.
2	Each cell of this test has two careers.
a)	If you prefer the first career (Teacher), please fill the bubble no. 1
	Teacher 1 <input checked="" type="radio"/> Researcher 2 <input type="radio"/>
b)	If you prefer the second career (Researcher), please fill the bubble no. 2
	Teacher 1 <input type="radio"/> Researcher 2 <input checked="" type="radio"/>
c)	If you prefer both the career, please fill the bubble No.1 and No.2
	Teacher 1 <input checked="" type="radio"/> Researcher 2 <input checked="" type="radio"/>
3.	Choose at least one career in each box
4.	Bubble filling method:
	Wrong Method <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
	Right Method <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>

	MCPA ₁	CDFA ₁	S.T. ₁	M.C. ₁	HMS ₁	DRS ₁	TH ₁	ED ₁	AJ ₁	CA ₁
	Electronic Journalist ₁ (T.V & Radio) 1	Graphic Designer 1	Agricultural Scientist 1	Chartered Accountant(C.A) 1	Medical Officer 1	Army Soldiers 1	Travel Agent 1	School Teacher 1	Officer in Government Department 1	Brand Manager, Abroad 1
MCPA ₂	2 News Reader	2 Newspaper/Magazine Journalist	2 T.V. Announcer	2 Script Writer	2 Video Editor	2 Sound Professionals	2 Theatre Artist	2 Film Editor	2 Print Journalism	2 Event Manager
	Comic Artist 1	Animator 1	Software Developer 1	Company Secretary (C.S) 1	Physician/Neurologist 1	Army Officer (Commissioned) 1	Cabin Crew 1	Principal/Headmaster 1	Superintendent Police 1	Forensic Psychologist, Abroad 1
CDFA ₂	2 Textile Designer	2 Stage Designer	2 Theatre/TV/Film Designer	2 Sculptor	2 Fine Artist	2 Advt. Promoter	2 Photography	2 Instrumental Musician	2 Product Designer	2 Jewellery Designing
	Media Photographer 1	Fashionist 1	Web Designer 1	Financial Consultant 1	Physiotherapist 1	Army Office Administrator 1	Hotel Manager 1	Director-Educational Institution 1	Revenue & Taxation Officer 1	International Commercial Lawyer, Abroad 1
S.T. ₂	2 Micro-Biologist	2 Environmental Specialist	2 Tele-Communication Engineer	2 Meteorologist	2 Information Technology Consultant	2 Biochemist	2 Mathematician	2 Food Technologist	2 Technical Analyst	2 Engineer
	Cartoonist 1	Footwear Designer 1	Architect 1	Stock Broker & Investment Analysis 1	Homeopathic Doctor 1	Army Canteen Supervisor 1	Tour Manager 1	Librarian 1	Indian Postal Service Personnel 1	Pharmacologist in MHRA, Abroad 1
M.C. ₂	2 Actuary	2 Cost & Management Accountant	2 Economist	2 Insurance Company Agent or Surveyor	2 Public Relation Management	2 Marketing Manager	2 Financial Analyst	2 Rural Development Personnel	2 Real Estate Management	2 Retail Showroom Manager
	Radio Jockey 1	Interior Designer 1	Textile Technologist 1	Production Manager 1	Pathologist 1	Military Engineering Services 1	Tourist Guide 1	Researcher 1	Transport Officer 1	Lab. Analyst (Env. Labs), Abroad 1
HMS ₂	2 Medical Representative	2 Pharmacist/Druggist	2 Hospital Administrator	2 Veterinary Doctor	2 Radiologist	2 Gynecologist	2 Psychiatrist	2 Ayurved Acharya	2 Naturopathy or Alternative Medicine	2 Primary Health Worker
	Broadcast Manager 1	Commercial Artist 1	Leather Technologist 1	Banker 1	Surgeon 1	Army Educational Officer 1	Restaurant Manager 1	Sports Coach 1	Advocate/Solicitor 1	Quality Control Supervisor, Abroad 1
DRS ₂	2 Non Commissioned Personnel	2 Air Commodore	2 Squadron Leader	2 NCC Trainer	2 Ship Captain	2 Fighter Pilot	2 Navy Officer	2 Merchant Navy Worker	2 Commander	2 Army Engineer
	Reporter 1	Museum Curator 1	Nuclear/Space Scientist 1	H.R.D Personnel 1	Dietician 1	Armed Medical Practitioner 1	Front Desk Officer 1	Lab technician 1	Collectorate/Civil Court Worker 1	statistician, Abroad Bureau of Statistics 1
TH ₂	2 Club Manager	2 Hotel Decorator	2 Food & Beverage Manager	2 Fast Food Restaurant Manager	2 Language Translator	2 Guest House Owner	2 Catering Manager	2 Banquet Manager	2 Chef	2 Event Organiser
	Dancer 1	Commercial Art 1	Aeronautical or Ship Scientist 1	Export-Import Specialist 1	Dentist 1	Border Security Force(BSF) 1	Public Relation Officer 1	Writer/Author 1	Treasury Officer 1	Public Health Advisor, Abroad 1
ED ₂	2 School Coordinator	2 Examination In charge	2 Physical Instructor	2 publisher/Bookseller	2 College Professor	2 Psychological Counselor	2 Special Education Consultant	2 Computer Instructor	2 Curriculum Developer	2 Tutor/Coaching Owner
	Singer 1	Logo Designer 1	Oceanographer 1	Accountant/Cashier 1	Occupational Therapist 1	Central Industry Security Froce (CISF) 1	Emporium Owner 1	Education planner 1	Jailor 1	Online Marketing, Abroad 1
AJ ₂	2 Taxation Lawyer	2 Magistrate/Tehsildar	2 Legal Books Writer	2 Labor Welfare Officer	2 Block Dev Officer	2 Consumer Forum Judge	2 Development Officer	2 City magistrate	2 Civil Services (PCS & IAS)	2 Judiciary Staff
	News Compiler 1	Make-up Artist 1	Automobile Engineer 1	Advertisement Management 1	Speech Therapist/Audiologist 1	Central Reserve Police(CRP) 1	Tour & Travel Agent 1	Inspecting Officer 1	Police Station In charge 1	Food Quality Assurance Scientist, Abroad 1
CA ₂	2 Mathematics Modeling, Abroad	2 Gastronomist, Abroad	2 Employment Consultant, Abroad	2 Production Journalist, Abroad	2 Cryptographer IT, Abroad	2 Security Analyst in IT Company, Abroad	2 Secondary Teacher, Abroad	2 University Lecturer, Abroad	2 Foreign Secretary, Abroad	2 Food Specialist, Chemical Company, Abroad



(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE



School: _____ Stream: _____

Father's Name: _____ Date: _____

STUDENT'S NAME (IN BLOCK LETTERS ONLY)																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Roll Number									
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0

Class	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0

Section	
A	<input type="radio"/>
B	<input type="radio"/>
C	<input type="radio"/>
D	<input type="radio"/>
E	<input type="radio"/>
F	<input type="radio"/>
G	<input type="radio"/>
H	<input type="radio"/>
I	<input type="radio"/>
J	<input type="radio"/>

Gender	
Male	<input type="radio"/>
Female	<input type="radio"/>

Age	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0

Instructions	
1	The aim of the record is to know which career you would like to undertake when you finish your studies. It will certainly help to know your preference so that you can prepare yourself for that.
2	Each cell of this test has two careers.
a)	If you prefer the first career (Teacher), please fill the bubble no. 1
	Teacher 1 <input checked="" type="radio"/> 2 <input type="radio"/> Researcher
b)	If you prefer the second career (Researcher), please fill the bubble no. 2
	Teacher 1 <input type="radio"/> 2 <input checked="" type="radio"/> Researcher
c)	If you prefer both the career, please fill the bubble No.1 and No.2
	Teacher 1 <input checked="" type="radio"/> 2 <input checked="" type="radio"/> Researcher
3.	Choose at least one career in each box
4.	Bubble filling method:
	Wrong Method <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/>
	Right Method <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>

	MCPA ₁	CDFA ₁	S.T. ₁	M.C. ₁	HMS ₁	DRS ₁	TH ₁	ED ₁	AJ ₁	CA ₁
	Electronic Journalist ₁ (T.V & Radio) 1	Graphic Designer 1	Agricultural Scientist 1	Chartered Accountant(C.A) 1	Medical Officer 1	Army Soldiers 1	Travel Agent 1	School Teacher 1	Officer in Government Department 1	Brand Manager, Abroad 1
MCPA ₂	2 News Reader	2 Newspaper/Magazine Journalist	2 T.V. Announcer	2 Script Writer	2 Video Editor	2 Sound Professionals	2 Theatre Artist	2 Film Editor	2 Print Journalism	2 Event Manager
	Comic Artist 1	Animator 1	Software Developer 1	Company Secretary (C.S) 1	Physician/Neurologist 1	Army Officer (Commissioned) 1	Cabin Crew 1	Principal/Headmaster 1	Superintendent Police 1	Forensic Psychologist, Abroad 1
CDFA ₂	2 Textile Designer	2 Stage Designer	2 Theatre/TV/Film Designer	2 Sculptor	2 Fine Artist	2 Advt. Promoter	2 Photography	2 Instrumental Musician	2 Product Designer	2 Jewellery Designing
	Media Photographer 1	Fashionist 1	Web Designer 1	Financial Consultant 1	Physiotherapist 1	Army Office Administrator 1	Hotel Manager 1	Director-Educational Institution 1	Revenue & Taxation Officer 1	International Commercial Lawyer, Abroad 1
S.T. ₂	2 Micro-Biologist	2 Environmental Specialist	2 Tele-Communication Engineer	2 Meteorologist	2 Information Technology Consultant	2 Biochemist	2 Mathematician	2 Food Technologist	2 Technical Analyst	2 Engineer
	Cartoonist 1	Footwear Designer 1	Architect 1	Stock Broker & Investment Analysis 1	Homeopathic Doctor 1	Army Canteen Supervisor 1	Tour Manager 1	Librarian 1	Indian Postal Service Personnel 1	Pharmacologist in MHRA, Abroad 1
M.C. ₂	2 Actuary	2 Cost & Management Accountant	2 Economist	2 Insurance Company Agent or Surveyor	2 Public Relation Management	2 Marketing Manager	2 Financial Analyst	2 Rural Development Personnel	2 Real Estate Management	2 Retail Showroom Manager
	Radio Jockey 1	Interior Designer 1	Textile Technologist 1	Production Manager 1	Pathologist 1	Military Engineering Services 1	Tourist Guide 1	Researcher 1	Transport Officer 1	Lab. Analyst (Env. Labs), Abroad 1
HMS ₂	2 Medical Representative	2 Pharmacist/Druggist	2 Hospital Administrator	2 Veterinary Doctor	2 Radiologist	2 Gynecologist	2 Psychiatrist	2 Ayurved Acharya	2 Naturopathy or Alternative Medicine	2 Primary Health Worker
	Broadcast Manager 1	Commercial Artist 1	Leather Technologist 1	Banker 1	Surgeon 1	Army Educational Officer 1	Restaurant Manager 1	Sports Coach 1	Advocate/Solicitor 1	Quality Control Supervisor, Abroad 1
DRS ₂	2 Non Commissioned Personnel	2 Air Commodore	2 Squadron Leader	2 NCC Trainer	2 Ship Captain	2 Fighter Pilot	2 Navy Officer	2 Merchant Navy Worker	2 Commander	2 Army Engineer
	Reporter 1	Museum Curator 1	Nuclear/Space Scientist 1	H.R.D Personnel 1	Dietician 1	Armed Medical Practitioner 1	Front Desk Officer 1	Lab technician 1	Collectorate/Civil Court Worker 1	statistician, Abroad Bureau of Statistics 1
TH ₂	2 Club Manager	2 Hotel Decorator	2 Food & Beverage Manager	2 Fast Food Restaurant Manager	2 Language Translator	2 Guest House Owner	2 Catering Manager	2 Banquet Manager	2 Chef	2 Event Organiser
	Dancer 1	Commercial Art 1	Aeronautical or Ship Scientist 1	Export-Import Specialist 1	Dentist 1	Border Security Force(BSF) 1	Public Relation Officer 1	Writer/Author 1	Treasury Officer 1	Public Health Advisor, Abroad 1
ED ₂	2 School Coordinator	2 Examination In charge	2 Physical Instructor	2 publisher/Bookseller	2 College Professor	2 Psychological Counselor	2 Special Education Consultant	2 Computer Instructor	2 Curriculum Developer	2 Tutor/Coaching Owner
	Singer 1	Logo Designer 1	Oceanographer 1	Accountant/Cashier 1	Occupational Therapist 1	Central Industry Security Froce (CISF) 1	Emporium Owner 1	Education planner 1	Jailor 1	Online Marketing, Abroad 1
AJ ₂	2 Taxation Lawyer	2 Magistrate/Tehsildar	2 Legal Books Writer	2 Labor Welfare Officer	2 Block Dev Officer	2 Consumer Forum Judge	2 Development Officer	2 City magistrate	2 Civil Services (PCS & IAS)	2 Judiciary Staff
	News Compiler 1	Make-up Artist 1	Automobile Engineer 1	Advertisement Management 1	Speech Therapist/Audiologist 1	Central Reserve Police(CRP) 1	Tour & Travel Agent 1	Inspecting Officer 1	Police Station In charge 1	Food Quality Assurance Scientist, Abroad 1
CA ₂	2 Mathematics Modeling, Abroad	2 Gastronomist, Abroad	2 Employment Consultant, Abroad	2 Production Journalist, Abroad	2 Cryptographer IT, Abroad	2 Security Analyst in IT Company, Abroad	2 Secondary Teacher, Abroad	2 University Lecturer, Abroad	2 Foreign Secretary, Abroad	2 Food Specialist, Chemical Company, Abroad

SA				MA				AR						
1a.	<input type="radio"/> S	<input type="radio"/> R	1b.	<input type="radio"/> S	<input type="radio"/> R	1.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
1c.	<input type="radio"/> S	<input type="radio"/> R	1d.	<input type="radio"/> S	<input type="radio"/> R	2.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
2a.	<input type="radio"/> S	<input type="radio"/> R	2b.	<input type="radio"/> S	<input type="radio"/> R	3.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
2c.	<input type="radio"/> S	<input type="radio"/> R	2d.	<input type="radio"/> S	<input type="radio"/> R	4.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
3a.	<input type="radio"/> S	<input type="radio"/> R	3b.	<input type="radio"/> S	<input type="radio"/> R	5.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
3c.	<input type="radio"/> S	<input type="radio"/> R	3d.	<input type="radio"/> S	<input type="radio"/> R	6.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
4a.	<input type="radio"/> S	<input type="radio"/> R	4b.	<input type="radio"/> S	<input type="radio"/> R	7.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
4c.	<input type="radio"/> S	<input type="radio"/> R	4d.	<input type="radio"/> S	<input type="radio"/> R	8.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
5a.	<input type="radio"/> S	<input type="radio"/> R	5b.	<input type="radio"/> S	<input type="radio"/> R	9.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
5c.	<input type="radio"/> S	<input type="radio"/> R	5d.	<input type="radio"/> S	<input type="radio"/> R	10.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						11.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						12.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						13.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						14.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						15.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						16.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						17.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						18.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						19.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			
						20.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E			

3. DATE OF BIRTH

DATE OF BIRTH		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

4. GENDER

MALE

FEMALE

TRANSGENDER

5. CATEGORY

GENERAL

SC

ST

OBC

6. RELIGION

HINDU

MUSLIM

CHRISTIAN

SIKH

JAIN

BUDDHIST

PARSI

CATEGORY

7. MOBILE NUMBER

0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

8. % IN QUALIFYING EXAM

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

9. Course/Class Applying for
(Please read the instructions carefully from prospectus)

Class	Subject-1	Subject-2	Subject-3
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

10. Demand Draft Details

Bank	Demand Draft Date	Demand Draft Number	Amount
	DAY MONTH YEAR		DD AMOUNT
CBI <input type="radio"/>	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
SBI <input type="radio"/>	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
PNB <input type="radio"/>	2 2 2	2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2
	3 3 3	3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3
	4 4 4	4 4 4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4
	5 5 5	5 5 5 5 5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5
	6 6 6	6 6 6 6 6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6
	7 7 7	7 7 7 7 7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7
	8 8 8	8 8 8 8 8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8
	9 9 9	9 9 9 9 9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9

11. Permanent Residential Address

PERMANENT ADDRESS

12. Correspondence/Local Address (If Different):

LOCAL ADDRESS

Declaration : The above furnished information is true to the best of my knowledge and I understand that in case of anything found misleading or wrong, my candidature is liable to be rejected without prior notice.

13. Candidate's Signature

CANDIDATE SIGNATURE

15. Signature with Name of the Admission Granting Authority & Date

SIGNATURE OF AGA & DATE

16. Teacher Code

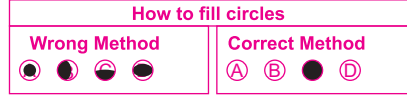
A	0	0	0
C	1	1	1
S	2	2	2
P	3	3	3
M	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

14. Parent's Signature

PARENT'S SIGNATURE

IMPORTANT INSTRUCTIONS

1. Use blue/black Ball Pen only for filling circles.
2. Mark should be dark and completely filled as shown in correct method.
3. Be sure before filling ovals, as no overwriting /cutting allowed
4. There should be no stray marks on the sheet and do not fold this sheet.
5. Application form will not be accepted without completely filled OMR.
6. Candidate will be liable for incomplete or wrong information



**Paste here firmly
your recent color
photograph (4 cm x 5 cm)**

**Please do not use pin
or Staple pin**

1. Candidate's Name (In Capital Letters As Per 10th Certificate)

Candidate's Name (In Capital Letters As Per 10th Certificate)																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

2. Father's Name

Father's Name																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Space for Binding

3. DATE OF BIRTH		
DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
0 0	0 0	0 0
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

4. GENDER	
MALE	<input type="radio"/>
FEMALE	<input type="radio"/>
TRANSGENDER	<input type="radio"/>
5. CATEGORY	
GENERAL	<input type="radio"/>
SC	<input type="radio"/>
ST	<input type="radio"/>
OBC	<input type="radio"/>

6. RELIGION	
HINDU	<input type="radio"/>
MUSLIM	<input type="radio"/>
CHRISTIAN	<input type="radio"/>
SIKH	<input type="radio"/>
JAIN	<input type="radio"/>
BUDDHIST	<input type="radio"/>
PARSI	<input type="radio"/>

7. MOBILE NUMBER											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

8. % IN QUALIFYING EXAM			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9

9. Course/Class Applying for (Please read the instructions carefully from prospectus)			
Class	Subject-1	Subject-2	Subject-3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9

10. Demand Draft Detail			
Bank	Demand Draft Date	Demand Draft Number	Amount
	DAY MONTH YEAR	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
CBI <input type="radio"/>	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
	2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2
SBI <input type="radio"/>	3 3 3 3 3 3	3 3 3 3 3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3
	4 4 4 4 4 4	4 4 4 4 4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4
	5 5 5 5 5 5	5 5 5 5 5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5
PNB <input type="radio"/>	6 6 6 6 6 6	6 6 6 6 6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6
	7 7 7 7 7 7	7 7 7 7 7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7
	8 8 8 8 8 8	8 8 8 8 8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8
	9 9 9 9 9 9	9 9 9 9 9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9

11. Permanent Residential Address

12. Correspondence/Local Address (If Different):

Declaration : The above furnished information is true to the best of my knowledge and I understand that in case of anything found misleading or wrong, my candidature is liable to be rejected without prior notice.

13. Candidate's Signature

15. Signature with Name of the Admission Granting Authority & Date

16. Teacher Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A	0	0	0
C	1	1	1
S	2	2	2
P	3	3	3
M	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

14. Parent's Signature



Multigraphics
Since: 1995
(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

APPLICATION NUMBER → Number
10001

→ PHOTO
Paste here firmly your recent color photograph (4 cm x 5 cm)
Please do not use pin or Staple pin

IMPORTANT INSTRUCTIONS

- Use blue/black Ball Pen only for filling circles.
- Mark should be dark and completely filled as shown in correct method.
- Be sure before filling ovals, as no overwriting/cutting allowed
- There should be no stray marks on the sheet and do not fold this sheet.
- Application form will not be accepted without completely filled OMR.
- Candidate will be liable for incomplete or wrong information

How to fill circles	
Wrong Method	Correct Method

1. Candidate's Name (In Capital Letters As Per 10th Certificate)

Candidate's Name																				NAME																			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A																			
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B																			
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C																			
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D																			
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E																			
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F																			
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G																			
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H																			
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I																			
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J																			
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K																			
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L																			
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M																			
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N																			
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O																			
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P																			
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q																			
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R																			
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S																			
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T																			
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U																			
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V																			
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W																			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																			
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y																			
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z																			

2. Father's Name

Father's Name																				FATHER'S NAME																			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A																			
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B																			
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C																			
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D																			
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E																			
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F																			
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G																			
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H																			
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I																			
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J																			
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K																			
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L																			
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M																			
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N																			
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O																			
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P																			
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q																			
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R																			
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S																			
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T																			
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U																			
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V																			
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W																			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																			
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y																			
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z																			

Space for Binding

DATE OF BIRTH → SEX → RELIGION → MOBILE NUMBER → PERCENTAGE

3. DATE OF BIRTH			4. GENDER			6. RELIGION			7. MOBILE NUMBER						8. % IN QUALIFYING EXAM						
DAY	MONTH	YEAR	MALE <input type="radio"/>	FEMALE <input type="radio"/>	TRANSGENDER <input type="radio"/>	HINDU <input type="radio"/>	MUSLIM <input type="radio"/>	CHRISTIAN <input type="radio"/>	SIKH <input type="radio"/>	JAIN <input type="radio"/>	BUDDHIST <input type="radio"/>	PARSI <input type="radio"/>								.	
0	0	0	5. CATEGORY			CATEGORY															
1	1	1	GENERAL <input type="radio"/>	SC <input type="radio"/>	ST <input type="radio"/>																
2	2	2	OBC <input type="radio"/>																		
3	3	3																			
4	4	4																			
5	5	5																			
6	6	6																			
7	7	7																			
8	8	8																			
9	9	9																			

9. Course/Class Applying for (Please read the instructions carefully from prospectus)				10. Demand Draft Detail			
Class	Subject-1	Subject-2	Subject-3	Bank	Demand Draft Date	Demand Draft Number	Amount
					DAY MONTH YEAR		
0	0	0	0	CBI <input type="radio"/>	0	0	0
1	1	1	1	SBI <input type="radio"/>	1	1	1
2	2	2	2	PNB <input type="radio"/>	2	2	2
3	3	3	3		3	3	3
4	4	4	4		4	4	4
5	5	5	5		5	5	5
6	6	6	6		6	6	6
7	7	7	7		7	7	7
8	8	8	8		8	8	8
9	9	9	9		9	9	9

11. Permanent Residential Address

→ PERMANENT ADDRESS

12. Correspondence/Local Address (If Different):

→ LOCAL ADDRESS

Declaration : The above furnished information is true to the best of my knowledge and I understand that in case of anything found misleading or wrong, my candidature is liable to be rejected without prior notice.

13. Candidate's Signature

→ CANDIDATE SIGNATURE

15. Signature with Name of the Admission Granting Authority & Date

→ SIGNATURE OF AGA & DATE

16. Teacher Code

→ TEACHER CODE

A	0	0	0
C	1	1	1
S	2	2	2
P	3	3	3
M	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

14. Parent's Signature

→ PARENT'S SIGNATURE



Black in the circle { ● } against the name of the candidate, you wish to vote for.

PRESIDENT

S.No	Name	1 Post
1.	Ajay Kumar Srivastava	<input type="radio"/>
2.	Akhilesh Jha	<input type="radio"/>
3.	Girish Kumar Tiwari	<input type="radio"/>
4.	K.K. Malviya	<input type="radio"/>
5.	Rakesh Kumar Tiwari	<input type="radio"/>
6.	Santosh Yadav	<input type="radio"/>
7.	Shitala Prasad Mishra	<input type="radio"/>

VICE-PRESIDENT

S.No	Name	2 Post
1.	Ashok Kumar Kesharwani	<input type="radio"/>
2.	Awdhesh Prasad Mishra	<input type="radio"/>
3.	Brij Narayan Tiwari	<input type="radio"/>
4.	Irshad Ahmad Ansari	<input type="radio"/>
5.	Kailash Chandra Patel	<input type="radio"/>
6.	Laxmi Kant Mishra	<input type="radio"/>
7.	Nand Kishor Tripathi (Nandu)	<input type="radio"/>
8.	Rajendra Prasad Mishra	<input type="radio"/>
9.	Saryu Prasad Dwivedi	<input type="radio"/>
10.	Tribhuwan Singh Patel	<input type="radio"/>
11.	Vikesh Chandra Tripathi	<input type="radio"/>

SECRETARY

S.No	Name	1 Post
1.	Devendra Mishra (Nagaraha)	<input type="radio"/>
2.	Hari Sagar Mishra	<input type="radio"/>
3.	Lalit Ojha	<input type="radio"/>
4.	Om Prakash Tiwari (O.P. Tiwari)	<input type="radio"/>
5.	Sri kant Pandey (Topi wala)	<input type="radio"/>
6.	Sudha Mishra	<input type="radio"/>
7.	Sushil Kumar Singh	<input type="radio"/>
8.	Vidya Bhushan Dwivedi	<input type="radio"/>

R.O.

OMR ANSWER SHEET

USE BLACK OR BLUE BALL POINT PEN केवल काले या नीले बॉल पेन का ही प्रयोग करें।

कृपया उत्तर पत्र के पृष्ठों को अलग न करें। उत्तर पत्र के पिछले पृष्ठ पर लिखे निर्देशों को देखें।
PLEASE DO NOT SEPARATE ANSWER SHEET FOR OTHER INSTRUCTIONS SEE BACK PAGE

ROLL NUMBER
अनुक्रमांक

A	B	C	D				
(A)	(B)	(C)	(D)	(0)	(0)	(0)	(0)
				(1)	(1)	(1)	(1)
				(2)	(2)	(2)	(2)
				(3)	(3)	(3)	(3)
				(4)	(4)	(4)	(4)
				(5)	(5)	(5)	(5)
				(6)	(6)	(6)	(6)
				(7)	(7)	(7)	(7)
				(8)	(8)	(8)	(8)
				(9)	(9)	(9)	(9)

DATE OF BIRTH
जन्म तिथि

D	D	M	M	Y	E	A	R
()	()	()	()	()	()	()	()
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

- While marking your answers, darken the circle which is the correct/best answer as shown in the example below:
उत्तर अंकित करने के लिए जो सबसे सही उत्तर हो वह गोला भर दें। जैसा निम्न चित्र में दर्शाया गया है
Correct Method:
सही तरीका
Wrong Method:
गलत तरीका
- Please do not overwrite or erase because it will be treated as multiple/wrong answer
मिटाने या दोबारा भरने का प्रयत्न न करें। अगर ऐसा होगा तो इसे गलत भरा माना जाएगा।

NAME OF CANDIDATE / उम्मीदवार का नाम

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

निरीक्षक का नाम एवं हस्ताक्षर / Name & Signature of Invigilator

Date of Examination / परीक्षा की तिथि

D	D	M	M	Y	Y
---	---	---	---	---	---

Letter Writing
पत्र लेखन

हिन्दी

English

निरीक्षक का नाम एवं हस्ताक्षर / Name & Signature of Invigilator

Certified that the Question Booklet No. and the Answer Sheet No. are the same.
उम्मीदवार के हस्ताक्षर / Signature of Candidate

Category/ वर्ग

P.H.

H.H.

1	(A) (B) (C) (D)
2	(A) (B) (C) (D)
3	(A) (B) (C) (D)
4	(A) (B) (C) (D)
5	(A) (B) (C) (D)
6	(A) (B) (C) (D)
7	(A) (B) (C) (D)
8	(A) (B) (C) (D)
9	(A) (B) (C) (D)
10	(A) (B) (C) (D)
11	(A) (B) (C) (D)
12	(A) (B) (C) (D)
13	(A) (B) (C) (D)
14	(A) (B) (C) (D)
15	(A) (B) (C) (D)
16	(A) (B) (C) (D)
17	(A) (B) (C) (D)
18	(A) (B) (C) (D)
19	(A) (B) (C) (D)
20	(A) (B) (C) (D)

21	(A) (B) (C) (D)
22	(A) (B) (C) (D)
23	(A) (B) (C) (D)
24	(A) (B) (C) (D)
25	(A) (B) (C) (D)
26	(A) (B) (C) (D)
27	(A) (B) (C) (D)
28	(A) (B) (C) (D)
29	(A) (B) (C) (D)
30	(A) (B) (C) (D)
31	(A) (B) (C) (D)
32	(A) (B) (C) (D)
33	(A) (B) (C) (D)
34	(A) (B) (C) (D)
35	(A) (B) (C) (D)
36	(A) (B) (C) (D)
37	(A) (B) (C) (D)
38	(A) (B) (C) (D)
39	(A) (B) (C) (D)
40	(A) (B) (C) (D)

41	(A) (B) (C) (D)
42	(A) (B) (C) (D)
43	(A) (B) (C) (D)
44	(A) (B) (C) (D)
45	(A) (B) (C) (D)
46	(A) (B) (C) (D)
47	(A) (B) (C) (D)
48	(A) (B) (C) (D)
49	(A) (B) (C) (D)
50	(A) (B) (C) (D)
51	(A) (B) (C) (D)
52	(A) (B) (C) (D)
53	(A) (B) (C) (D)
54	(A) (B) (C) (D)
55	(A) (B) (C) (D)
56	(A) (B) (C) (D)
57	(A) (B) (C) (D)
58	(A) (B) (C) (D)
59	(A) (B) (C) (D)
60	(A) (B) (C) (D)

61	(A) (B) (C) (D)
62	(A) (B) (C) (D)
63	(A) (B) (C) (D)
64	(A) (B) (C) (D)
65	(A) (B) (C) (D)
66	(A) (B) (C) (D)
67	(A) (B) (C) (D)
68	(A) (B) (C) (D)
69	(A) (B) (C) (D)
70	(A) (B) (C) (D)
71	(A) (B) (C) (D)
72	(A) (B) (C) (D)
73	(A) (B) (C) (D)
74	(A) (B) (C) (D)
75	(A) (B) (C) (D)
76	(A) (B) (C) (D)
77	(A) (B) (C) (D)
78	(A) (B) (C) (D)
79	(A) (B) (C) (D)
80	(A) (B) (C) (D)

USE BLACK OR BLUE BALL POINT PEN केवल काले या नीले बॉल पेन का ही प्रयोग करें।
DO NOT USE INK / GEL PEN इंक/जेल पेन का प्रयोग न करें।

कृपया उत्तर पत्र के पृष्ठों को अलग न करें। उत्तर पत्र के पिछले पृष्ठ पर लिखे निर्देशों को देखें।
PLEASE DO NOT SEPARATE ANSWER SHEET FOR OTHER INSTRUCTIONS SEE BACK PAGE

1. While marking your answers, darken the circle which is the correct/best answer as shown in the example below:

उत्तर अंकित करने के लिए जो सबसे सही उत्तर हो वह गोला भर दें। जैसा निम्न चित्र में दर्शाया गया है

Correct Method:
सही तरीका



Wrong Method:
गलत तरीका:



2. Please do not overwrite or erase because it will be treated as multiple/wrong answer

मिटाने या दोबारा भरने का प्रयत्न न करें। अगर ऐसा होगा तो इसे गलत भरा माना जाएगा।

ROLL NUMBER
अनुक्रमांक

E T H [] [] []

[] [] [] [] [] [] [] []

[] [] []

[] [] []

[] [] []

[] [] []

[] [] []

[] [] []

[] [] []

[] [] []

[] [] []

DATE OF BIRTH
जन्म तिथि

D D / M M / Y Y E A R

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

[] [] [] [] [] [] [] [] [] [] [] []

NAME OF CANDIDATE / उम्मीदवार का नाम

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

निरीक्षक का नाम एवं हस्ताक्षर / Name & Signature of Invigilator

Date of Examination / परीक्षा की तिथि

D D / M M / Y Y

Letter Writing
पत्र लेखन

Hindi
English

निरीक्षक का नाम एवं हस्ताक्षर / Name & Signature of Invigilator

Certified that the Question Booklet No. and
the Answer Sheet No. are the same.

उम्मीदवार के हस्ताक्षर / Signature of Candidate

Category/ वर्ग

P.H.
H.H.

1	A B C D	11	A B C D	21	A B C D	31	A B C D	41	A B C D
2	A B C D	12	A B C D	22	A B C D	32	A B C D	42	A B C D
3	A B C D	13	A B C D	23	A B C D	33	A B C D	43	A B C D
4	A B C D	14	A B C D	24	A B C D	34	A B C D	44	A B C D
5	A B C D	15	A B C D	25	A B C D	35	A B C D	45	A B C D
6	A B C D	16	A B C D	26	A B C D	36	A B C D	46	A B C D
7	A B C D	17	A B C D	27	A B C D	37	A B C D	47	A B C D
8	A B C D	18	A B C D	28	A B C D	38	A B C D	48	A B C D
9	A B C D	19	A B C D	29	A B C D	39	A B C D	49	A B C D
10	A B C D	20	A B C D	30	A B C D	40	A B C D	50	A B C D

खंड – ए

कृपया आपके लिए लागू विकल्प (बॉक्स) पर रंग भरें।



ग्रेड	DD0-DD5	M1	M2A	M2B	M3	M4	M5	M6	M7	M8	M8A	M09	M10	M11	M12	PT	R01	R02	R03	TM0-TM4	TM5	TM6
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

क्षेत्र	कार्यात्मक क्षेत्र
नॉर्थ <input type="radio"/>	<input type="text"/>
साउथ <input type="radio"/>	ऑपरेशन <input type="radio"/> ट्रेनिंग / गेस्ट सर्विस <input type="radio"/>
ईस्ट <input type="radio"/>	एचआर, एडमिन और कॉर्पोरेट अफेयर <input type="radio"/> आईटी <input type="radio"/>
वेस्ट <input type="radio"/>	मार्किटिंग <input type="radio"/> लीगल और सैक्रेटेरियल <input type="radio"/>
सेंट्रल <input type="radio"/>	सप्लाय चेन <input type="radio"/> क्वालिटी और सिक्स सिग्मा <input type="radio"/>
कॉर्पोरेट <input type="radio"/>	फाइनेंस/एकाउण्ट्स/एम ए सी पी/एम व ए <input type="radio"/> बीडी और कॉर्पोरेट सेल्स <input type="radio"/>
	प्रोजेक्ट्स और मेंटेनेंस <input type="radio"/>

खंड – बी

हम जेएफएल की संस्कृति पर आपकी आम राय जानना चाहेंगे। 4 (पूरी तरह से सहमत), 3 (सहमत), 2 (असहमत), 1 (पूरी तरह से असहमत)

	पूरी तरह से सहमत (4)	सहमत (3)	असहमत (2)	पूरी तरह से असहमत (1)
1. मेरे स्टोर/ कार्यालय में कई उत्सव एवं मनोरंजक कार्य किये जाते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. मेरी कंपनी सेवाओं, नए उत्पादों वगैरह के लिए बहुत अधिक ग्राहक केन्द्रित हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. हमारी इकाई / कंपनी स्टोर / लोगों के कार्यों के स्तर में कोई समझौता किए बिना, लागत के प्रति सजग हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. मैं मानता हूँ कि मेरी इकाई / कंपनी में एक भ्रष्टाचार मुक्त वातावरण है और ईमानदारी के उच्च स्तर बनाए रखे जाते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. मुझे निर्णय लेने का अधिकार है और मैं स्वतंत्र रूप से कार्य करता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. मुझे कार्य करने के लिए नए और बेहतर तरीके खोजने के लिए प्रोत्साहित किया जाता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. मुझे अपने अच्छे कार्य के लिए पर्याप्त प्रशंसा / मान्यता दी जाती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. मैं मानता हूँ कि मेरी इकाई / कंपनी में राजनीति मुक्त वातावरण है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. यदि मुझे अपने सुपरवाइजर के साथ कोई समस्या और परेशानी का मुद्दा है तो मैं डरे बिना किसी भी वरिष्ठ अधिकारी से संपर्क कर सकता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. मैं मानता हूँ कि मेरा कार्यस्थल मेरा दूसरा घर है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. मुझे हमेशा सीखने और अपने कौशल का विकास करने के लिए पर्याप्त अवसर मिलता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. मुझे विश्वास है कि प्रमोशन नीति और विकास पूरी तरह से योग्यता के आधार पर है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

खंड – सी

जुबिलेंट फूडवर्क्स लिमिटेड के साथ आपके अनुभव से संबंधित निम्नलिखित प्रश्न।
4 (पूरी तरह से सहमत), 3 (सहमत), 2 (असहमत), 1 (पूरी तरह से असहमत)

	पूरी तरह से सहमत (4)	सहमत (3)	असहमत (2)	पूरी तरह से असहमत (1)
1. यह कार्य के लिए भौतिक रूप से सुरक्षित स्थान है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. मुझे पता है मुझसे किन कार्यों की उम्मीद की जाती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. मुझे अपना कार्य चुनौतीपूर्ण लगता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. मैं कार्य करने में अपनी कौशल और क्षमताओं का उपयोग अच्छे से करता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. मुझे लगता है कि मैं यहां सकारात्मक परिवर्तन लाता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. मुझे अपने कार्य में नए कौशल सीखने के अवसर मिले हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. मेरे कैरियर की उन्नति का रास्ता स्पष्ट है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	पूरी तरह से सहमत (4)	सहमत (3)	असहमत (2)	पूरी तरह से असहमत (1)
8. कंपनी में ऐसे प्रशिक्षण कार्यक्रम तैयार किए गए हैं जो मेरे कैरियर की उन्नति के लिए आवश्यक कौशल प्रदान करते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. मेरे सुपरवाइज़र मुझसे सम्मान पूर्वक व्यवहार करते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. मेरे सुपरवाइज़र मेरे प्रदर्शन / कार्य में सुधार के लिए राय प्रदान करते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. मेरे सुपरवाइज़र सुनिश्चित करते हैं कि मुझे अपने समूह के लक्ष्य स्पष्ट रूप से पता होने चाहिए।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. मेरे सुपरवाइज़र बेहतर नतीजे / परिणाम पाने के लिए मेरी राय लेते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. मेरे सुपरवाइज़र हमारे नए विचारों के लिए सकारात्मक प्रतिक्रिया देते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. मेरे सुपरवाइज़र उचित और निष्पक्ष प्रदर्शन / कार्य का मूल्यांकन करते हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. मुझे लगता है कि मैं एक मिलेजुले लक्ष्य वाले स्टोर / विभाग का भाग हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. हमारा समूह एक दूसरे की क्षमताओं पर विश्वास रखता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. मेरे स्टोर / विभाग में सुधार करने के लिए कर्मचारी की राय का उपयोग किया जाता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. मेरा स्टोर / विभाग किसी को दोष देने के बजाय समस्या को सुलझाने पर ध्यान देता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. मेरी कंपनी का प्रबंधन अपने व्यापार और प्रथाओं में ईमानदार और नैतिक है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. मेरी कंपनी का प्रबंधन सुझावों का स्वागत करता है और प्रतिक्रिया को प्रोत्साहित करता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. प्रबंधन कर्मचारियों के विकास में निवेश करने के लिए तैयार है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. मेरी कंपनी अपने ग्राहकों की सेवाओं की जरूरतों के लिए नई विधि विकसित करने के अलग तरीके खोजती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. मैं जानता हूँ कि मेरी कंपनी में प्रदर्शन / कार्य का मूल्यांकन किस तरह किया जाता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. मेरी कंपनी में कर्मचारियों के प्रदर्शन / कार्य को सही तरीके से परखा जाता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. मेरी कंपनी में कर्मचारियों का अधिक ध्यान रखा जाता है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. जब मुझे जरूरी लगता है तो मैं कार्य से छुट्टी ले सकता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. मेरी कंपनी हमारे अलग अलग विशेषताओं को ध्यान दिए बिना सभी कर्मचारियों के साथ समान रूप से व्यवहार करती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. मेरी कंपनी कर्मचारियों को प्रभावित करने वाले परिवर्तन और निर्णय के बारे में ठीक से सूचना देती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. मुझे प्रति दिन की उपलब्धियों के लिए मान्यता प्राप्त होती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. मुझे अपने कार्य के बारे में अन्य कर्मचारियों से सकारात्मक प्रतिक्रिया मिलती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. मेरी कंपनी अच्छे कार्य और अतिरिक्त प्रयास की प्रशंसा करती है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. मेरे कौशल और जिम्मेदारियों को ध्यान में रखते हुए मुझे पूरी तरह भुगतान किया जा रहा है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. मैं कंपनी के कर्मचारी प्रोत्साहन कार्यक्रम और इनाम की योजनाओं से संतुष्ट हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. मेरे कर्मचारी लाभ (बीमा, भुगतान अवकाश आदि), आस पास की इंडस्ट्री, जहाँ मैं रहता और काम करता हूँ, से तुलनात्मक हैं।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. मुझे जेएफएल का कर्मचारी होने पर गर्व है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. मुझे लगता है कि संगठनात्मक लक्ष्यों की प्राप्ति की दिशा में योगदान देने में मेरी भूमिका और जिम्मेदारी है।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. मुझे लगता है कि आने वाले दो वर्षों में मैं जेएफएल के लिए कार्य जारी रखूंगा।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. मैं एक सार्थक कैरियर बनाने के लिए एक उत्तम स्थान के रूप में जेएफएल की सिफारिश करता हूँ।	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

कृपया कार्य (नौकरी, सुपरवाइज़र और कंपनी से संबंधित) के महत्वपूर्ण पहलुओं पर प्रतिक्रिया दें जिन्हें संबोधित नहीं किया गया है।



Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

Book	Test Code	Roll Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A	1 1 1 1	1 1 1 1 1
B	2 2 2 2	2 2 2 2 2
C	3 3 3 3	3 3 3 3 3
D	4 4 4 4	4 4 4 4 4
E	5 5 5 5	5 5 5 5 5
	6 6 6 6	6 6 6 6 6
	7 7 7 7	7 7 7 7 7
	8 8 8 8	8 8 8 8 8
	9 9 9 9	9 9 9 9 9
	0 0 0 0	0 0 0 0 0

Student's First Name :

Student Last Name :

Section/Batch : Test Date :

Student Signature : Invigilator Signature :

Section - A		Section - B	
1	A B C D	1	A B C D
2	A B C D	2	A B C D
3	A B C D	3	A B C D
4	A B C D	4	A B C D
5	A B C D	5	A B C D
6	A B C D	6	A B C D
7	A B C D	7	A B C D
8	A B C D	8	A B C D
9	A B C D	9	A B C D
10	A B C D	10	A B C D
11	A B C D	11	A B C D
12	A B C D	12	A B C D
13	A B C D	13	A B C D
14	A B C D	14	A B C D
15	A B C D	15	A B C D
16	A B C D	16	A B C D
17	A B C D	17	A B C D
18	A B C D	18	A B C D
19	A B C D	19	A B C D
20	A B C D	20	A B C D
21	A B C D	21	A B C D
22	A B C D	22	A B C D
23	A B C D	23	A B C D
24	A B C D	24	A B C D
25	A B C D	25	A B C D
26	A B C D	26	A B C D
27	A B C D	27	A B C D
28	A B C D	28	A B C D
29	A B C D	29	A B C D
30	A B C D	30	A B C D

Section - C				
1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3
4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4
5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5
6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6
7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7
8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8
9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9
0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
.
6	7	8	9	10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3
4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4
5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5
6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6
7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7
8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8
9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9
0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
.

Section - D									
(01) 1	A B C D	(03) 1	A B C D	(05) 1	A B C D	(07) 1	A B C D	(09) 1	A B C D
2	A B C D	2	A B C D	2	A B C D	2	A B C D	2	A B C D
3	A B C D	3	A B C D	3	A B C D	3	A B C D	3	A B C D
4	A B C D	4	A B C D	4	A B C D	4	A B C D	4	A B C D
(02) 1	A B C D	(04) 1	A B C D	(06) 1	A B C D	(08) 1	A B C D	(10) 1	A B C D
2	A B C D	2	A B C D	2	A B C D	2	A B C D	2	A B C D
3	A B C D	3	A B C D	3	A B C D	3	A B C D	3	A B C D
4	A B C D	4	A B C D	4	A B C D	4	A B C D	4	A B C D

Section - E									
01	T F	03	T F	05	T F	07	T F	09	T F
02	T F	04	T F	06	T F	08	T F	10	T F

15. FATHER NAME (IN BLOCK LETTERS ONLY)																										
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

16. MOTHER NAME (IN BLOCK LETTERS ONLY)																									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

17. CANDIDATE NAME AND COMPLETE MAILING ADDRESS (WRITE IN CAPITAL LETTERS WITH BLUE/BLACK BALL PEN)							
Name:							
Address:							
.....							
.....							
Pin Code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Email ID:							
Mobile / Phone No. with STD Code:							

18. ACADEMIC QUALIFICATION																														
12th CLASS				GRADUATION (IF APPLICABLE)				POST GRADUATION (IF APPLICABLE)																						
Year:				Year:																										
Board:				College / University :																										
MARKS				MARKS																										
MAX.	OBTAINED	%		MAX.	OBTAINED	%		%																						
<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
0 0 0	0 0 0	0 0	0 0	0 0 0	0 0 0	0 0	0 0	0 0																						
1 1 1	1 1 1	1 1	1 1	1 1 1	1 1 1	1 1	1 1	1 1																						
2 2 2	2 2 2	2 2	2 2	2 2 2	2 2 2	2 2	2 2	2 2																						
3 3 3	3 3 3	3 3	3 3	3 3 3	3 3 3	3 3	3 3	3 3																						
4 4 4	4 4 4	4 4	4 4	4 4 4	4 4 4	4 4	4 4	4 4																						
5 5 5	5 5 5	5 5	5 5	5 5 5	5 5 5	5 5	5 5	5 5																						
6 6 6	6 6 6	6 6	6 6	6 6 6	6 6 6	6 6	6 6	6 6																						
7 7 7	7 7 7	7 7	7 7	7 7 7	7 7 7	7 7	7 7	7 7																						
8 8 8	8 8 8	8 8	8 8	8 8 8	8 8 8	8 8	8 8	8 8																						
9 9 9	9 9 9	9 9	9 9	9 9 9	9 9 9	9 9	9 9	9 9																						

DECLARATION
 The above furnished information is true to the best of my knowledge and I understand that in case of anything found misleading or wrong my candidature is liable to be rejected without any notice

Date: _____

Place: _____

19. SIGNATURE OF PARENTS/GUARDIAN

20. SIGNATURE OF CANDIDATE



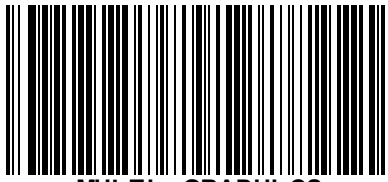
Multigraphics

Since: 1995

(An ISO 9001:2008 Certified Company)

SAMPLE OMR SHEET FOR PRACTICE

NAME OF THE CANDIDATE (IN BLOCK LETTERS ONLY)																										
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

OMR ANSWER SHEET NUMBER

MULTI GRAPHICS

PROGRAMME CODE APPLIED FOR	BOOKLET CODE																		
<table style="width: 100%;"> <tr><td>U01</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>U03</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>U04</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>U05</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>U06</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	U01	<input type="radio"/>	U03	<input type="radio"/>	U04	<input type="radio"/>	U05	<input type="radio"/>	U06	<input type="radio"/>	<table style="width: 100%;"> <tr><td>A</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>B</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>C</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>D</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	A	<input type="radio"/>	B	<input type="radio"/>	C	<input type="radio"/>	D	<input type="radio"/>
U01	<input type="radio"/>																		
U03	<input type="radio"/>																		
U04	<input type="radio"/>																		
U05	<input type="radio"/>																		
U06	<input type="radio"/>																		
A	<input type="radio"/>																		
B	<input type="radio"/>																		
C	<input type="radio"/>																		
D	<input type="radio"/>																		

ROLL NUMBER	CENTRE CODE																																																																																																														
<table style="width: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>									0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	<table style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0	0	0	0	0	0	0																																																																																																								
1	1	1	1	1	1	1	1																																																																																																								
2	2	2	2	2	2	2	2																																																																																																								
3	3	3	3	3	3	3	3																																																																																																								
4	4	4	4	4	4	4	4																																																																																																								
5	5	5	5	5	5	5	5																																																																																																								
6	6	6	6	6	6	6	6																																																																																																								
7	7	7	7	7	7	7	7																																																																																																								
8	8	8	8	8	8	8	8																																																																																																								
9	9	9	9	9	9	9	9																																																																																																								
0	0																																																																																																														
1	1																																																																																																														
2	2																																																																																																														
3	3																																																																																																														
4	4																																																																																																														
5	5																																																																																																														
6	6																																																																																																														
7	7																																																																																																														
8	8																																																																																																														
9	9																																																																																																														

CATEGORY								
<table style="width: 100%;"> <tr><td>GEN</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>OBC</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>SC</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>ST</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	GEN	<input type="radio"/>	OBC	<input type="radio"/>	SC	<input type="radio"/>	ST	<input type="radio"/>
GEN	<input type="radio"/>							
OBC	<input type="radio"/>							
SC	<input type="radio"/>							
ST	<input type="radio"/>							

SUB CATEGORY (if applicable)								
<table style="width: 100%;"> <tr><td>Physical Handicapped</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Dependents Of Defence Personnel</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Dependents Of Freedom Fighter</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Kashmiri Migrants</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	Physical Handicapped	<input type="radio"/>	Dependents Of Defence Personnel	<input type="radio"/>	Dependents Of Freedom Fighter	<input type="radio"/>	Kashmiri Migrants	<input type="radio"/>
Physical Handicapped	<input type="radio"/>							
Dependents Of Defence Personnel	<input type="radio"/>							
Dependents Of Freedom Fighter	<input type="radio"/>							
Kashmiri Migrants	<input type="radio"/>							

GENDER				
<table style="width: 100%;"> <tr><td>MALE</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>FEMALE</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	MALE	<input type="radio"/>	FEMALE	<input type="radio"/>
MALE	<input type="radio"/>			
FEMALE	<input type="radio"/>			

DATE OF BIRTH																																																																																								
<table style="width: 100%;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9
D	D	M	M	Y	Y	Y	Y																																																																																	
0	0	0	0	0	0	0	0																																																																																	
1	1	1	1	1	1	1	1																																																																																	
2	2	2	2	2	2	2	2																																																																																	
3	3	3	3	3	3	3	3																																																																																	
4	4	4	4	4	4	4	4																																																																																	
5	5	5	5	5	5	5	5																																																																																	
6	6	6	6	6	6	6	6																																																																																	
7	7	7	7	7	7	7	7																																																																																	
8	8	8	8	8	8	8	8																																																																																	
9	9	9	9	9	9	9	9																																																																																	

INSTRUCTIONS FOR MARKING ON BOTH SIDES				
<p>1. Use only Blue / Black Ball Point Pen to completely darken the Circle / Bubble.</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;"> USE BLACK OR BLUE BALL POINT PEN </div> <p>2. Darken Only ONE Circle / Bubble for each Question shown in example.</p> <table style="width: 100%; text-align: center;"> <tr> <td>Correct</td> <td>Wrong</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/></td> <td><input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/></td> </tr> </table> <p>3. Make the mark only in the space provided. Please do not any stray mark in the answer sheet.</p> <p>4. DO NOT do any rough work on the OMR sheet.</p> <p>5. Mark your answer only in the appropriate space against the number corresponding to the question you are answering.</p> <p>6. Do not use marker, white fluid or any other device to hide the shading already done.</p> <p>7. Candidates are advised to be extremely careful to fill all the entries otherwise this may lead to the rejection of the candidature for the admission.</p>	Correct	Wrong	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
Correct	Wrong			
<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>			

STATE DOMICILE				
<table style="width: 100%;"> <tr><td>U.P.</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>OTHERS</td><td style="text-align: center;"><input type="radio"/></td></tr> </table>	U.P.	<input type="radio"/>	OTHERS	<input type="radio"/>
U.P.	<input type="radio"/>			
OTHERS	<input type="radio"/>			

CODE	PROGRAMMES
U01	B. Tech + M. Tech / MBA
U03	BBM + MBA
U04	B. Tech + M. Tech / MBA (Food Processing & Technology)
U05	BA LLB
U06	B. Tech + M. Tech / MBA (Bio. technology)

Question Number Q.1 to Q.100

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D
21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D

26	A	B	C	D
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D
41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D
46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D

51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D
56	A	B	C	D
57	A	B	C	D
58	A	B	C	D
59	A	B	C	D
60	A	B	C	D
61	A	B	C	D
62	A	B	C	D
63	A	B	C	D
64	A	B	C	D
65	A	B	C	D
66	A	B	C	D
67	A	B	C	D
68	A	B	C	D
69	A	B	C	D
70	A	B	C	D
71	A	B	C	D
72	A	B	C	D
73	A	B	C	D
74	A	B	C	D
75	A	B	C	D

76	A	B	C	D
77	A	B	C	D
78	A	B	C	D
79	A	B	C	D
80	A	B	C	D
81	A	B	C	D
82	A	B	C	D
83	A	B	C	D
84	A	B	C	D
85	A	B	C	D
86	A	B	C	D
87	A	B	C	D
88	A	B	C	D
89	A	B	C	D
90	A	B	C	D
91	A	B	C	D
92	A	B	C	D
93	A	B	C	D
94	A	B	C	D
95	A	B	C	D
96	A	B	C	D
97	A	B	C	D
98	A	B	C	D
99	A	B	C	D
100	A	B	C	D

CENTRE SEAL

CANDIDATE'S SIGNATURE

DATE OF EXAMINATION	D	D	M	M	Y	Y	Y	Y
QUESTION BOOKLET NO								

INVIGILATOR NAME _____

INVIGILATOR'S SIGNATURE

EXAMPLE - HOW TO FILL AND MARK ON BOTH SIDES (WITH BLUE / BLACK BALL POINT PEN ONLY)

<p><small>if your ROLL NUMBER is 0112001, fill is as below :</small></p>	<p><small>if your CENTRE CODE is 01, fill is as below :</small></p>	<p><small>if you are applying for U04 fill is as below :</small></p>	<p><small>if your booklet series is A, fill is as below :</small></p>	<p><small>if YOUR Response to Question Number 1 is D Please mark as below :</small></p>										
<p>ROLL NUMBER</p>	<p>CENTRE CODE</p>	<p>PROGRAMME CODE APPLIED FOR</p> <table border="1"> <tr><td>U01</td><td><input type="radio"/></td></tr> <tr><td>U03</td><td><input type="radio"/></td></tr> <tr><td>U04</td><td><input checked="" type="radio"/></td></tr> <tr><td>U05</td><td><input type="radio"/></td></tr> <tr><td>U06</td><td><input type="radio"/></td></tr> </table>	U01	<input type="radio"/>	U03	<input type="radio"/>	U04	<input checked="" type="radio"/>	U05	<input type="radio"/>	U06	<input type="radio"/>	<p>BOOKLET CODE</p>	<p>Q. NO. Response</p> <p>1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D</p>
U01	<input type="radio"/>													
U03	<input type="radio"/>													
U04	<input checked="" type="radio"/>													
U05	<input type="radio"/>													
U06	<input type="radio"/>													

SAMPLE OMR SHEET FOR PRACTICE

Student's Name (IN BLOCK LETTERS)

First Name	Middle Name	Last Name

Symbol No.

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Institution Code

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Address:-.....

.....

.....

.....

.....

Corrected fill **Incorrect fill**

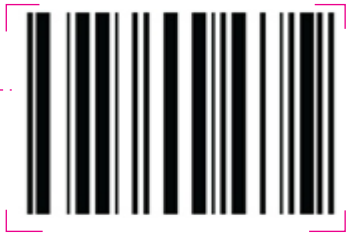
(A) (B) (●) (D) (●) (X) (✓) (●)

Size 4x3

Photo of Students

Signature of Student
(within the box)

Symbol Numbr (in words) :



Signature of Invigilator
(within the box)

Signature of Suprintendent
(within the box)

SET A ○ B ○

ANSWER SHEET

1	(A) (B) (C) (D)	21	(A) (B) (C) (D)	41	(A) (B) (C) (D)	61	(A) (B) (C) (D)	81	(A) (B) (C) (D)
2	(A) (B) (C) (D)	22	(A) (B) (C) (D)	42	(A) (B) (C) (D)	62	(A) (B) (C) (D)	82	(A) (B) (C) (D)
3	(A) (B) (C) (D)	23	(A) (B) (C) (D)	43	(A) (B) (C) (D)	63	(A) (B) (C) (D)	83	(A) (B) (C) (D)
4	(A) (B) (C) (D)	24	(A) (B) (C) (D)	44	(A) (B) (C) (D)	64	(A) (B) (C) (D)	84	(A) (B) (C) (D)
5	(A) (B) (C) (D)	25	(A) (B) (C) (D)	45	(A) (B) (C) (D)	65	(A) (B) (C) (D)	85	(A) (B) (C) (D)
6	(A) (B) (C) (D)	26	(A) (B) (C) (D)	46	(A) (B) (C) (D)	66	(A) (B) (C) (D)	86	(A) (B) (C) (D)
7	(A) (B) (C) (D)	27	(A) (B) (C) (D)	47	(A) (B) (C) (D)	67	(A) (B) (C) (D)	87	(A) (B) (C) (D)
8	(A) (B) (C) (D)	28	(A) (B) (C) (D)	48	(A) (B) (C) (D)	68	(A) (B) (C) (D)	88	(A) (B) (C) (D)
9	(A) (B) (C) (D)	29	(A) (B) (C) (D)	49	(A) (B) (C) (D)	69	(A) (B) (C) (D)	89	(A) (B) (C) (D)
10	(A) (B) (C) (D)	30	(A) (B) (C) (D)	50	(A) (B) (C) (D)	70	(A) (B) (C) (D)	90	(A) (B) (C) (D)
11	(A) (B) (C) (D)	31	(A) (B) (C) (D)	51	(A) (B) (C) (D)	71	(A) (B) (C) (D)	91	(A) (B) (C) (D)
12	(A) (B) (C) (D)	32	(A) (B) (C) (D)	52	(A) (B) (C) (D)	72	(A) (B) (C) (D)	92	(A) (B) (C) (D)
13	(A) (B) (C) (D)	33	(A) (B) (C) (D)	53	(A) (B) (C) (D)	73	(A) (B) (C) (D)	93	(A) (B) (C) (D)
14	(A) (B) (C) (D)	34	(A) (B) (C) (D)	54	(A) (B) (C) (D)	74	(A) (B) (C) (D)	94	(A) (B) (C) (D)
15	(A) (B) (C) (D)	35	(A) (B) (C) (D)	55	(A) (B) (C) (D)	75	(A) (B) (C) (D)	95	(A) (B) (C) (D)
16	(A) (B) (C) (D)	36	(A) (B) (C) (D)	56	(A) (B) (C) (D)	76	(A) (B) (C) (D)	96	(A) (B) (C) (D)
17	(A) (B) (C) (D)	37	(A) (B) (C) (D)	57	(A) (B) (C) (D)	77	(A) (B) (C) (D)	97	(A) (B) (C) (D)
18	(A) (B) (C) (D)	38	(A) (B) (C) (D)	58	(A) (B) (C) (D)	78	(A) (B) (C) (D)	98	(A) (B) (C) (D)
19	(A) (B) (C) (D)	39	(A) (B) (C) (D)	59	(A) (B) (C) (D)	79	(A) (B) (C) (D)	99	(A) (B) (C) (D)
20	(A) (B) (C) (D)	40	(A) (B) (C) (D)	60	(A) (B) (C) (D)	80	(A) (B) (C) (D)	100	(A) (B) (C) (D)

SAMPLE OMR SHEET FOR PRACTICE

ADMISSION FORM

CANDIDATE NAME (IN BLOCK LETTERS ONLY)

A A																									
B B																									
C C																									
D D																									
E E																									
F F																									
G G																									
H H																									
I I																									
J J																									
K K																									
L L																									
M M																									
N N																									
O O																									
P P																									
Q Q																									
R R																									
S S																									
T T																									
U U																									
V V																									
W W																									
X X																									
Y Y																									
Z Z																									

FATHER'S/HUSBAND'S NAME (IN BLOCK LETTERS ONLY)

A A																									
B B																									
C C																									
D D																									
E E																									
F F																									
G G																									
H H																									
I I																									
J J																									
K K																									
L L																									
M M																									
N N																									
O O																									
P P																									
Q Q																									
R R																									
S S																									
T T																									
U U																									
V V																									
W W																									
X X																									
Y Y																									
Z Z																									

CENTRE

A A																									
B B																									
C C																									
D D																									
E E																									
F F																									
G G																									
H H																									
I I																									
J J																									
K K																									
L L																									
M M																									
N N																									
O O																									
P P																									
Q Q																									
R R																									
S S																									
T T																									
U U																									
V V																									
W W																									
X X																									
Y Y																									
Z Z																									

MOBILE NUMBER

0 0 0 0 0 0 0 0 0 0									
1 1 1 1 1 1 1 1 1 1									
2 2 2 2 2 2 2 2 2 2									
3 3 3 3 3 3 3 3 3 3									
4 4 4 4 4 4 4 4 4 4									
5 5 5 5 5 5 5 5 5 5									
6 6 6 6 6 6 6 6 6 6									
7 7 7 7 7 7 7 7 7 7									
8 8 8 8 8 8 8 8 8 8									
9 9 9 9 9 9 9 9 9 9									

Paste your recent Photograph

(Do Not Staple)

DATE OF BIRTH

0 0 0 0 0 0 0 0							
1 1 1 1 1 1 1 1							
2 2 2 2 2 2 2 2							
3 3 3 3 3 3 3 3							
4 4 4 4 4 4 4 4							
5 5 5 5 5 5 5 5							
6 6 6 6 6 6 6 6							
7 7 7 7 7 7 7 7							
8 8 8 8 8 8 8 8							
9 9 9 9 9 9 9 9							

DATE OF ADMISSION

0 0 0 0 0 0 0 0							
1 1 1 1 1 1 1 1							
2 2 2 2 2 2 2 2							
3 3 3 3 3 3 3 3							
4 4 4 4 4 4 4 4							
5 5 5 5 5 5 5 5							
6 6 6 6 6 6 6 6							
7 7 7 7 7 7 7 7							
8 8 8 8 8 8 8 8							
9 9 9 9 9 9 9 9							

BATCH CODE

A A 0 0 0			
B B 1 1 1			
C C 2 2 2			
D D 3 3 3			
E E 4 4 4			
F F 5 5 5			
G G 6 6 6			
H H 7 7 7			
I I 8 8 8			
J J 9 9 9			
K K			
L L			
M M			
N N			
O O			
P P			
Q Q			
R R			
S S			
T T			
U U			
V V			
W W			
X X			
Y Y			
Z Z			

COURSES

SSC (PRE) BANK (PO/CLERK/CWE) CPF (AC)

SSC +PO DELHI POLICE (SI) CDS (OTA)

SSC MAINS LIC (ADO/AAO/ASSIT.) CDS (IMA/INA/AFA)

SSC MAINS (MATHS) DSSSB-(TGT/PRT/NTT) OTHER STATE EXAMS

SSC MAINS (ENGLISH) DSSSB-(TGT/PRT/NTT) (Mains)

CPO (SI) DELHI POLICE (CONSTABLE)

EMERGENCY MOBILE NUMBER

0 0 0 0 0 0 0 0 0 0									
1 1 1 1 1 1 1 1 1 1									
2 2 2 2 2 2 2 2 2 2									
3 3 3 3 3 3 3 3 3 3									
4 4 4 4 4 4 4 4 4 4									
5 5 5 5 5 5 5 5 5 5									
6 6 6 6 6 6 6 6 6 6									
7 7 7 7 7 7 7 7 7 7									
8 8 8 8 8 8 8 8 8 8									
9 9 9 9 9 9 9 9 9 9									

CATEGORY

General

OBC

SC

ST

NATIONALITY

Indian

Other

GENDER

Male

Female

FOR OFFICE USE ONLY

Registration No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Batch Code :

--	--	--	--	--

Course :

--	--	--	--	--	--	--	--	--	--

Receipt No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VERIFIED BY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SAMPLE OMR SHEET FOR PRACTICE



STUDENT'S PARTICULARS											
1. STUDENT'S NAME:	<input type="text"/>										
2. REGISTRATION NO.:	I	C	<input type="text"/>								
3. ROLL NUMBER:	<input type="text"/>		<i>(As Per Hall Ticket)</i>								
4. COURSE:	<input type="text"/>										
5. SPECIALIZATION:	<input type="text"/>										
6. YEAR:	<input type="text"/>		7. PAPER CODE:	<input type="text"/>							
8. PAPER NAME:	<input type="text"/>										
9. INSTITUTE CODE:	<input type="text"/>			<i>(Information Centre Code)</i>							
10. MOBILE NO.:	<input type="text"/>			<i>(For SMS alert of Result)</i>							

Question BOOKLET CODE
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

INSTRUCTIONS TO STUDENTS	
<p>The marks should be dark and completely fill the circle without leaving any space, as no marks will be given for the wrong method of answering. The correct and wrong method of shading are given below:</p>	
<ol style="list-style-type: none"> You are prohibited from tampering the timing track and writing on bar code, as they may affect allotment of marks to you. Use a Black Ball Pointed Pen to fill the circles. A bad mark will be rejected during the processing. A sheet without filling Registration No., Roll No., Question Booklet code, Paper Code and Examination Centre Code etc. can be rejected during the process. Use this sheet with care, do not fold and smudge. Don't do Rough work on the answer sheet. Do not correct by over writing or by scratching and writing as they may affect allotment of marks to you. You have to sign and write the date of exam in specified boxes. Paper Name and Paper Code are available on the Question Paper. To change a marking in circle erase completely with whitener and make fresh marking. The Answer Sheet should be hand-over to the invigilator while leaving the examination hall. 	
<p>Wrong Method</p> 	<p>Correct Method</p> 

REGISTRATION NUMBER														
A	B	<input type="text"/>												
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DATE OF EXAM					
D	D	M	M	Y	Y
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0

ANSWER									
1	A	B	C	D	36	A	B	C	D
2	A	B	C	D	37	A	B	C	D
3	A	B	C	D	38	A	B	C	D
4	A	B	C	D	39	A	B	C	D
5	A	B	C	D	40	A	B	C	D
6	A	B	C	D	41	A	B	C	D
7	A	B	C	D	42	A	B	C	D
8	A	B	C	D	43	A	B	C	D
9	A	B	C	D	44	A	B	C	D
10	A	B	C	D	45	A	B	C	D
11	A	B	C	D	46	A	B	C	D
12	A	B	C	D	47	A	B	C	D
13	A	B	C	D	48	A	B	C	D
14	A	B	C	D	49	A	B	C	D
15	A	B	C	D	50	A	B	C	D
16	A	B	C	D	51	A	B	C	D
17	A	B	C	D	52	A	B	C	D
18	A	B	C	D	53	A	B	C	D
19	A	B	C	D	54	A	B	C	D
20	A	B	C	D	55	A	B	C	D
21	A	B	C	D	56	A	B	C	D
22	A	B	C	D	57	A	B	C	D
23	A	B	C	D	58	A	B	C	D
24	A	B	C	D	59	A	B	C	D
25	A	B	C	D	60	A	B	C	D
26	A	B	C	D	61	A	B	C	D
27	A	B	C	D	62	A	B	C	D
28	A	B	C	D	63	A	B	C	D
29	A	B	C	D	64	A	B	C	D
30	A	B	C	D	65	A	B	C	D
31	A	B	C	D	66	A	B	C	D
32	A	B	C	D	67	A	B	C	D
33	A	B	C	D	68	A	B	C	D
34	A	B	C	D	69	A	B	C	D
35	A	B	C	D	70	A	B	C	D

EXAM CENTRE CODE	PAPER CODE	FULL SIGNATURE OF INVIGILATOR			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0
		FULL SIGNATURE OF STUDENT			
		<input type="text"/>			

FOR OFFICE USE ONLY		
SIGNATURE OF EXAMINER	SIGNATURE OF CHIEF EXAMINER	TOTAL MARKS
<input type="text"/>	<input type="text"/>	<input type="text"/>

- * उत्तर पत्रिका के साइड-1 में दिए गए स्थान पर अपने हस्ताक्षर तथा बाएं हाथ के अंगूठे का निशान करना सुनिश्चित करें, ऐसा नहीं करने पर अभ्यर्थी को 'शून्य' अंक दिया जाएगा।
Ensure that you have put your signature and LTI in the allotted space on Side - 1 of the Answer Sheet, failing which you will be awarded 'ZERO' marks.
- * मशीन द्वारा ओ.एम.आर. उत्तर पत्रिका में कोडबद्ध सूचना पढ़ी जाएगी। आवेदन पत्र में दी गई कोई भी कोड या सूचना की तुलना में अधूरी अथवा भिन्न सूचना होने की स्थिति में ऐसे अभ्यर्थी को 'शून्य' अंक दिया जाएगा।
A machine will read the coded Information in the OMR Answer Sheet. In case any of the coded Information is incomplete or different from the information given in the application form, the candidate will be awarded 'ZERO' marks.
- * अपना उत्तर काले/नीले बालप्वाइंट पेन से अण्डाकार खाने को काला करके दिखाएं।
Mark your Answer with Black/Blue Ball Point Pen by blackening the ovals completely.

भाग-क	PART - A	भाग-ख	PART - B	भाग-ग	PART - C	भाग-घ	PART - D
1	(A) (B) (C) (D)	51	(A) (B) (C) (D)	101	(A) (B) (C) (D)	151	(A) (B) (C) (D)
2	(A) (B) (C) (D)	52	(A) (B) (C) (D)	102	(A) (B) (C) (D)	152	(A) (B) (C) (D)
3	(A) (B) (C) (D)	53	(A) (B) (C) (D)	103	(A) (B) (C) (D)	153	(A) (B) (C) (D)
4	(A) (B) (C) (D)	54	(A) (B) (C) (D)	104	(A) (B) (C) (D)	154	(A) (B) (C) (D)
5	(A) (B) (C) (D)	55	(A) (B) (C) (D)	105	(A) (B) (C) (D)	155	(A) (B) (C) (D)
6	(A) (B) (C) (D)	56	(A) (B) (C) (D)	106	(A) (B) (C) (D)	156	(A) (B) (C) (D)
7	(A) (B) (C) (D)	57	(A) (B) (C) (D)	107	(A) (B) (C) (D)	157	(A) (B) (C) (D)
8	(A) (B) (C) (D)	58	(A) (B) (C) (D)	108	(A) (B) (C) (D)	158	(A) (B) (C) (D)
9	(A) (B) (C) (D)	59	(A) (B) (C) (D)	109	(A) (B) (C) (D)	159	(A) (B) (C) (D)
10	(A) (B) (C) (D)	60	(A) (B) (C) (D)	110	(A) (B) (C) (D)	160	(A) (B) (C) (D)
11	(A) (B) (C) (D)	61	(A) (B) (C) (D)	111	(A) (B) (C) (D)	161	(A) (B) (C) (D)
12	(A) (B) (C) (D)	62	(A) (B) (C) (D)	112	(A) (B) (C) (D)	162	(A) (B) (C) (D)
13	(A) (B) (C) (D)	63	(A) (B) (C) (D)	113	(A) (B) (C) (D)	163	(A) (B) (C) (D)
14	(A) (B) (C) (D)	64	(A) (B) (C) (D)	114	(A) (B) (C) (D)	164	(A) (B) (C) (D)
15	(A) (B) (C) (D)	65	(A) (B) (C) (D)	115	(A) (B) (C) (D)	165	(A) (B) (C) (D)
16	(A) (B) (C) (D)	66	(A) (B) (C) (D)	116	(A) (B) (C) (D)	166	(A) (B) (C) (D)
17	(A) (B) (C) (D)	67	(A) (B) (C) (D)	117	(A) (B) (C) (D)	167	(A) (B) (C) (D)
18	(A) (B) (C) (D)	68	(A) (B) (C) (D)	118	(A) (B) (C) (D)	168	(A) (B) (C) (D)
19	(A) (B) (C) (D)	69	(A) (B) (C) (D)	119	(A) (B) (C) (D)	169	(A) (B) (C) (D)
20	(A) (B) (C) (D)	70	(A) (B) (C) (D)	120	(A) (B) (C) (D)	170	(A) (B) (C) (D)
21	(A) (B) (C) (D)	71	(A) (B) (C) (D)	121	(A) (B) (C) (D)	171	(A) (B) (C) (D)
22	(A) (B) (C) (D)	72	(A) (B) (C) (D)	122	(A) (B) (C) (D)	172	(A) (B) (C) (D)
23	(A) (B) (C) (D)	73	(A) (B) (C) (D)	123	(A) (B) (C) (D)	173	(A) (B) (C) (D)
24	(A) (B) (C) (D)	74	(A) (B) (C) (D)	124	(A) (B) (C) (D)	174	(A) (B) (C) (D)
25	(A) (B) (C) (D)	75	(A) (B) (C) (D)	125	(A) (B) (C) (D)	175	(A) (B) (C) (D)
26	(A) (B) (C) (D)	76	(A) (B) (C) (D)	126	(A) (B) (C) (D)	176	(A) (B) (C) (D)
27	(A) (B) (C) (D)	77	(A) (B) (C) (D)	127	(A) (B) (C) (D)	177	(A) (B) (C) (D)
28	(A) (B) (C) (D)	78	(A) (B) (C) (D)	128	(A) (B) (C) (D)	178	(A) (B) (C) (D)
29	(A) (B) (C) (D)	79	(A) (B) (C) (D)	129	(A) (B) (C) (D)	179	(A) (B) (C) (D)
30	(A) (B) (C) (D)	80	(A) (B) (C) (D)	130	(A) (B) (C) (D)	180	(A) (B) (C) (D)
31	(A) (B) (C) (D)	81	(A) (B) (C) (D)	131	(A) (B) (C) (D)	181	(A) (B) (C) (D)
32	(A) (B) (C) (D)	82	(A) (B) (C) (D)	132	(A) (B) (C) (D)	182	(A) (B) (C) (D)
33	(A) (B) (C) (D)	83	(A) (B) (C) (D)	133	(A) (B) (C) (D)	183	(A) (B) (C) (D)
34	(A) (B) (C) (D)	84	(A) (B) (C) (D)	134	(A) (B) (C) (D)	184	(A) (B) (C) (D)
35	(A) (B) (C) (D)	85	(A) (B) (C) (D)	135	(A) (B) (C) (D)	185	(A) (B) (C) (D)
36	(A) (B) (C) (D)	86	(A) (B) (C) (D)	136	(A) (B) (C) (D)	186	(A) (B) (C) (D)
37	(A) (B) (C) (D)	87	(A) (B) (C) (D)	137	(A) (B) (C) (D)	187	(A) (B) (C) (D)
38	(A) (B) (C) (D)	88	(A) (B) (C) (D)	138	(A) (B) (C) (D)	188	(A) (B) (C) (D)
39	(A) (B) (C) (D)	89	(A) (B) (C) (D)	139	(A) (B) (C) (D)	189	(A) (B) (C) (D)
40	(A) (B) (C) (D)	90	(A) (B) (C) (D)	140	(A) (B) (C) (D)	190	(A) (B) (C) (D)
41	(A) (B) (C) (D)	91	(A) (B) (C) (D)	141	(A) (B) (C) (D)	191	(A) (B) (C) (D)
42	(A) (B) (C) (D)	92	(A) (B) (C) (D)	142	(A) (B) (C) (D)	192	(A) (B) (C) (D)
43	(A) (B) (C) (D)	93	(A) (B) (C) (D)	143	(A) (B) (C) (D)	193	(A) (B) (C) (D)
44	(A) (B) (C) (D)	94	(A) (B) (C) (D)	144	(A) (B) (C) (D)	194	(A) (B) (C) (D)
45	(A) (B) (C) (D)	95	(A) (B) (C) (D)	145	(A) (B) (C) (D)	195	(A) (B) (C) (D)
46	(A) (B) (C) (D)	96	(A) (B) (C) (D)	146	(A) (B) (C) (D)	196	(A) (B) (C) (D)
47	(A) (B) (C) (D)	97	(A) (B) (C) (D)	147	(A) (B) (C) (D)	197	(A) (B) (C) (D)
48	(A) (B) (C) (D)	98	(A) (B) (C) (D)	148	(A) (B) (C) (D)	198	(A) (B) (C) (D)
49	(A) (B) (C) (D)	99	(A) (B) (C) (D)	149	(A) (B) (C) (D)	199	(A) (B) (C) (D)
50	(A) (B) (C) (D)	100	(A) (B) (C) (D)	150	(A) (B) (C) (D)	200	(A) (B) (C) (D)

प्रत्येक गलत उत्तर के लिये 0.25 अंक कम किये जाएंगे।

There will be negative marking of 0.25 for each wrong Answer.

Name of Coaching Institute:

Name of the Owner/Director:

Address:

Mobile Number Website

E-mail:

Number of Students

0-100 <input type="radio"/>	101-250 <input type="radio"/>	251-500 <input type="radio"/>	501-1000 <input type="radio"/>	Above 1000 <input type="radio"/>
-----------------------------	-------------------------------	-------------------------------	--------------------------------	----------------------------------

Number of Test per week

1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	Above 4 <input type="radio"/>
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------------

Whether use OMR Sheets for Examination

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

Process of checking OMR Sheet

Manually <input type="radio"/>	OMR Software/Scanner <input type="radio"/>
--------------------------------	--

Do you provide detailed analysis reports of examination like: Question wise report, Subject wise report, Performance wise report, Subject wise ranking.

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

Is it difficult for you to type and making question paper every time during the examination ?

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

If you evaluate exams manually, would you like to computerize it?

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

Would you like to provide Online test series to your students?

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

Existing solution provider?

Are you satisfied with your existing solution provider?

.....	Yes <input type="radio"/>	NO <input type="radio"/>
-------	---------------------------	--------------------------

Would you like to upgrade your existing system to: Question preparation, Examination evaluation process, Detailed result analysis?

Yes <input type="radio"/>	NO <input type="radio"/>
---------------------------	--------------------------

If you are interesting in upgrading your existing system what would be your expected budget ?

15,000 - 30,000 <input type="radio"/>	30,000 - 50,000 <input type="radio"/>	50,000 - 75,000 <input type="radio"/>	75,000 - 1,00,000 <input type="radio"/>
---------------------------------------	---------------------------------------	---------------------------------------	---

Surveyor Name:

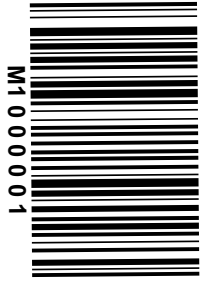
Filled by:

Date:

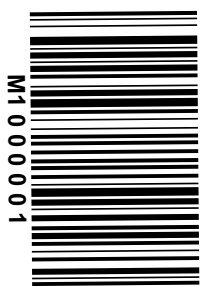
Phone Number:



SAMPLE OMR SHEET FOR PRACTICE



|||





SAMPLE OMR SHEET FOR PRACTICE