

Your Institute Name & Logo

OMR ANSWER SHEET

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TEST ID

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Name

Batch.....

Mobile No..... Test Date...../...../.....

Candidate Sign

Invigilator Sign

INSTRUCTIONS FOR FILLING THE SHEET

- This sheet should not be folded or crushed.
- Use only blue/ black ball point pen to fill the circles.
- Use of pencil is strictly prohibited.
- Circles should be darkened completely and properly.
- Cutting and erasing on this sheet is not allowed.
- Do not use any stray marks on the sheet.
- Do not use marker or white fluid to hide the mark.

WRONG METHODS

CORRECT METHOD



SECTION 1

SECTION 1

SECTION 1

A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D						
1	A	B	C	D	6	A	B	C	D	21	A	B	C	D	26	A	B	C	D	41	A	B	C	D	46	A	B	C	D
2	A	B	C	D	7	A	B	C	D	22	A	B	C	D	27	A	B	C	D	42	A	B	C	D	47	A	B	C	D
3	A	B	C	D	8	A	B	C	D	23	A	B	C	D	28	A	B	C	D	43	A	B	C	D	48	A	B	C	D
4	A	B	C	D	9	A	B	C	D	24	A	B	C	D	29	A	B	C	D	44	A	B	C	D	49	A	B	C	D
5	A	B	C	D	10	A	B	C	D	25	A	B	C	D	30	A	B	C	D	45	A	B	C	D	50	A	B	C	D

SECTION 2

SECTION 2

SECTION 2

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OMR ANSWER SHEET

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