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[] [] [] [] [] [] [] [] [] []										[] [] []			
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
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
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
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
9	9	9	9	9	9	9	9	9	9	9	9	9	9
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	OMR No. [] [] [] [] [] [] [] [] [] []
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Write Code No. written on the question paper
Question Paper Code

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

SOME EXAMPLES OF WRONG/CORRECT WAYS OF MARKING AS FOLLOWS
Use only blue/ black ball point pen. Use of pencil is strictly prohibited.

WRONG METHODS	CORRECT METHOD
    <input type="checkbox"/> 1	     <input checked="" type="checkbox"/> A 1
    <input type="checkbox"/> 2	    <input checked="" type="checkbox"/> B 2
    <input type="checkbox"/> 3	    <input checked="" type="checkbox"/> C 3
    <input type="checkbox"/> 4	    <input type="checkbox"/> 4
    <input type="checkbox"/> 5	    <input checked="" type="checkbox"/> 5

Candidate's Name.....

Father's Name.....

School Name.....

Subject Name..... Date of Exam.....

प्रत्येक प्रश्न का उत्तर केवल एक ही गोले में गहरा निशान लगाकर दीजिये एवं उत्तर को बॉक्स में लिखें
Darken ONLY ONE CIRCLE for each Question and write the answer in the box

Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#
1	A B C D	<input type="checkbox"/>	1	16	A B C D	<input type="checkbox"/>	16	31	A B C D	<input type="checkbox"/>	31	46	A B C D	<input type="checkbox"/>	46
2	A B C D	<input type="checkbox"/>	2	17	A B C D	<input type="checkbox"/>	17	32	A B C D	<input type="checkbox"/>	32	47	A B C D	<input type="checkbox"/>	47
3	A B C D	<input type="checkbox"/>	3	18	A B C D	<input type="checkbox"/>	18	33	A B C D	<input type="checkbox"/>	33	48	A B C D	<input type="checkbox"/>	48
4	A B C D	<input type="checkbox"/>	4	19	A B C D	<input type="checkbox"/>	19	34	A B C D	<input type="checkbox"/>	34	49	A B C D	<input type="checkbox"/>	49
5	A B C D	<input type="checkbox"/>	5	20	A B C D	<input type="checkbox"/>	20	35	A B C D	<input type="checkbox"/>	35	50	A B C D	<input type="checkbox"/>	50
6	A B C D	<input type="checkbox"/>	6	21	A B C D	<input type="checkbox"/>	21	36	A B C D	<input type="checkbox"/>	36	51	A B C D	<input type="checkbox"/>	51
7	A B C D	<input type="checkbox"/>	7	22	A B C D	<input type="checkbox"/>	22	37	A B C D	<input type="checkbox"/>	37	52	A B C D	<input type="checkbox"/>	52
8	A B C D	<input type="checkbox"/>	8	23	A B C D	<input type="checkbox"/>	23	38	A B C D	<input type="checkbox"/>	38	53	A B C D	<input type="checkbox"/>	53
9	A B C D	<input type="checkbox"/>	9	24	A B C D	<input type="checkbox"/>	24	39	A B C D	<input type="checkbox"/>	39	54	A B C D	<input type="checkbox"/>	54
10	A B C D	<input type="checkbox"/>	10	25	A B C D	<input type="checkbox"/>	25	40	A B C D	<input type="checkbox"/>	40	55	A B C D	<input type="checkbox"/>	55
11	A B C D	<input type="checkbox"/>	11	26	A B C D	<input type="checkbox"/>	26	41	A B C D	<input type="checkbox"/>	41	56	A B C D	<input type="checkbox"/>	56
12	A B C D	<input type="checkbox"/>	12	27	A B C D	<input type="checkbox"/>	27	42	A B C D	<input type="checkbox"/>	42	57	A B C D	<input type="checkbox"/>	57
13	A B C D	<input type="checkbox"/>	13	28	A B C D	<input type="checkbox"/>	28	43	A B C D	<input type="checkbox"/>	43	58	A B C D	<input type="checkbox"/>	58
14	A B C D	<input type="checkbox"/>	14	29	A B C D	<input type="checkbox"/>	29	44	A B C D	<input type="checkbox"/>	44	59	A B C D	<input type="checkbox"/>	59
15	A B C D	<input type="checkbox"/>	15	30	A B C D	<input type="checkbox"/>	30	45	A B C D	<input type="checkbox"/>	45	60	A B C D	<input type="checkbox"/>	60

* Write Correct Option in Box (IN CAPITAL LETTERS A B C D only) # Darken Circle if question not attempted

I confirm that all particulars given above are correct.

अभ्यर्थी के हस्ताक्षर (चलते हाथ से लिखें)
Candidate's Signature (in running hand)

Total correct answers (To be filled by the Evaluator)	[] []	Total correct answers (To be filled by the Coordinator)	[] []
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	Invigilator	Evaluator	Coordinator	Observer
Signature				
Identification No.				

ROLL NO.	TEST ID
<input type="text"/>	<input type="text"/>
1 <input type="radio"/>	1 <input type="radio"/>
2 <input type="radio"/>	2 <input type="radio"/>
3 <input type="radio"/>	3 <input type="radio"/>
4 <input type="radio"/>	4 <input type="radio"/>
5 <input type="radio"/>	5 <input type="radio"/>
6 <input type="radio"/>	6 <input type="radio"/>
7 <input type="radio"/>	7 <input type="radio"/>
8 <input type="radio"/>	8 <input type="radio"/>
9 <input type="radio"/>	9 <input type="radio"/>
0 <input type="radio"/>	0 <input type="radio"/>

	OMR No. <input type="text"/>
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Write Code No. written on the question paper
Question Paper Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SOME EXAMPLES OF WRONG/CORRECT WAYS OF MARKING AS FOLLOWS
Use only blue/ black ball point pen. Use of pencil is strictly prohibited.

WRONG METHODS	CORRECT METHOD
<input checked="" type="radio"/> <input checked="" type="radio"/> C D <input type="text"/> ①	<input checked="" type="radio"/> B C D A ① <small>Answered A</small>
A B <input checked="" type="radio"/> D <input type="text"/> ②	A B C D B ② <small>Answered B</small>
A <input checked="" type="radio"/> C <input checked="" type="radio"/> <input type="text"/> ③	A B <input checked="" type="radio"/> D C <input checked="" type="radio"/> <small>Canceled C/ Unanswered</small>
A B C <input checked="" type="radio"/> <input type="text"/> ④	A B C D <input type="text"/> ④ <small>Unanswered</small>
A <input checked="" type="radio"/> C D <input type="text"/> ⑤	A B C D <input checked="" type="radio"/> <small>Unanswered Confirmed</small>

Candidate's Name.....
Father's Name.....
School Name.....
Subject Name..... Date of Exam.....

प्रत्येक प्रश्न का उत्तर केवल एक ही गोले में गहरा निशान लगाकर दीजिये एवं उत्तर को बॉक्स में लिखें
Darken ONLY ONE CIRCLE for each Question and write the answer in the box

Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#	Q.No	RESPONSE	*	#
1	A B C D <input type="text"/>		①	16	A B C D <input type="text"/>		①6	31	A B C D <input type="text"/>		③1	46	A B C D <input type="text"/>		④6
2	A B C D <input type="text"/>		②	17	A B C D <input type="text"/>		①7	32	A B C D <input type="text"/>		③2	47	A B C D <input type="text"/>		④7
3	A B C D <input type="text"/>		③	18	A B C D <input type="text"/>		①8	33	A B C D <input type="text"/>		③3	48	A B C D <input type="text"/>		④8
4	A B C D <input type="text"/>		④	19	A B C D <input type="text"/>		①9	34	A B C D <input type="text"/>		③4	49	A B C D <input type="text"/>		④9
5	A B C D <input type="text"/>		⑤	20	A B C D <input type="text"/>		②0	35	A B C D <input type="text"/>		③5	50	A B C D <input type="text"/>		⑤0
6	A B C D <input type="text"/>		⑥	21	A B C D <input type="text"/>		②1	36	A B C D <input type="text"/>		③6	51	A B C D <input type="text"/>		⑤1
7	A B C D <input type="text"/>		⑦	22	A B C D <input type="text"/>		②2	37	A B C D <input type="text"/>		③7	52	A B C D <input type="text"/>		⑤2
8	A B C D <input type="text"/>		⑧	23	A B C D <input type="text"/>		②3	38	A B C D <input type="text"/>		③8	53	A B C D <input type="text"/>		⑤3
9	A B C D <input type="text"/>		⑨	24	A B C D <input type="text"/>		②4	39	A B C D <input type="text"/>		③9	54	A B C D <input type="text"/>		⑤4
10	A B C D <input type="text"/>		⑩	25	A B C D <input type="text"/>		②5	40	A B C D <input type="text"/>		④0	55	A B C D <input type="text"/>		⑤5
11	A B C D <input type="text"/>		⑪	26	A B C D <input type="text"/>		②6	41	A B C D <input type="text"/>		④1	56	A B C D <input type="text"/>		⑤6
12	A B C D <input type="text"/>		⑫	27	A B C D <input type="text"/>		②7	42	A B C D <input type="text"/>		④2	57	A B C D <input type="text"/>		⑤7
13	A B C D <input type="text"/>		⑬	28	A B C D <input type="text"/>		②8	43	A B C D <input type="text"/>		④3	58	A B C D <input type="text"/>		⑤8
14	A B C D <input type="text"/>		⑭	29	A B C D <input type="text"/>		②9	44	A B C D <input type="text"/>		④4	59	A B C D <input type="text"/>		⑤9
15	A B C D <input type="text"/>		⑮	30	A B C D <input type="text"/>		③0	45	A B C D <input type="text"/>		④5	60	A B C D <input type="text"/>		⑥0

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अभ्यर्थी के हस्ताक्षर (चलते हाथ से लिखें)
Candidate's Signature (in running hand)

Total correct answers (To be filled by the Evaluator)

Total correct answers (To be filled by the Coordinator)

	Invigilator	Evaluator	Coordinator	Observer
Signature				
Identification No.				