OMR ANSWER SHEET

20 questions | options A-D | A4 portrait

Name: _____

Roll No.: _____ Date: _____

Subject / Test: _____ Set / Code: _____

Use a blue or black ball pen. Fill one bubble per question completely. Do not tick or cross.

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

Student signature: _____ Invigilator signature: _____

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