

# TANCET MOCK TEST OMR SHEET



Candidate Signature

Hall Supervisor Signature

Registration Number

|                      |                      |                      |                      |                      |                      |                      |                      |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| 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                    |
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Question Code

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| 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                    |

Instruction

- Use Black Ball Point pen only for shading inside the circle as shown below.

**CORRECT METHOD** ☐ ☐ ☒ ☐

**WRONG METHOD** ☒ ☐ ☒ ☐

- Ensure your choice before filling.
- Do not make any stray mark inside the circle as the scanner may consider it as Multiple marking. Handle the OMR sheet with care.
- Any Malpractice committed will be punished under university norms.

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|----|---|---|---|---|
| 1  | A | B | C | D |
| 2  | A | B | C | D |
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| 7  | A | B | C | D |
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| 9  | A | B | C | D |
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| 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 |
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| 26 | A | B | C | D |
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| 33 | A | B | C | D |
| 34 | A | B | C | D |
| 35 | A | B | C | D |
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| 37 | A | B | C | D |
| 38 | A | B | C | D |
| 39 | A | B | C | D |
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| 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 |
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| 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 |
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| 68 | A | B | C | D |
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| 76  | A | B | C | D |
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| 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 |