

OMR Answer Sheet

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|-------------|--|---|---|---|---|---|---|---|---|---|---|
| Reg. No. | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

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| Question Sheet No. | | | | |
| 1 | 2 | 3 | 4 | 5 |

Supervisor's signature:

Candidate's signature:

Name: _____

Dated: _____

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| | A | B | C | D | E |
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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