

OMR Answer Sheet

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

Supervisor's signature:

Candidate's signature:

Name: _____

Dated: _____

	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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