

NOPS Answer Sheet Guide

Professional Exam Completion Standards

Mr. Gullo

June, 2025

Learning Objectives

By the end of this guide, you will be able to:

- Properly handle and maintain your NOPS answer sheet
- Complete personal information and registration accurately
- Apply correct marking techniques for optimal scanning
- Follow appropriate error correction protocols

NOPS System Requirements

Critical Materials

- **Blue or black pen only** (no pencils or erasers)
- Clean, flat working surface
- Careful attention to detail

Answer Sheet Care

- Keep sheet clean, dry, and flat at all times
- Avoid folding, creasing, or damaging the paper
- Handle with clean hands only

Two-Step Registration Procedure

Step 1: Write Digits

Carefully write your registration number in the boxes at the top of the grid, placing one digit per box.

Step 2: Mark Bubbles

For each digit written above, locate the corresponding bubble in the column directly below and mark with a clear X.

Example: Registration number 12345

- Write "1" in first box → Mark "1" bubble below
- Write "2" in second box → Mark "2" bubble below
- Continue for all five digits

Answer Sheet Reference

Shanghai Nanyang Model Private School

how-to-nops - Nops-Practice 2025-05-12



| Personal Data | | Registration Number | |
|---|--|-------------------------|--|
| Family Name: <u>Gullo</u> | | <u>0405110</u> | |
| Given Name: <u>Paul</u> | | | |
| Signature: <u>[Signature]</u> | checked | | |
| In this section no changes or modifications must be made! | | Scrambling <u>00</u> | |
| Type <u>005</u> | Exam ID(how-to-nops) <u>25051200001</u> | | |

| | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| 0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 |

Please mark the boxes carefully: ☒ Not marked: ☐ or ☐

This document is scanned automatically. Please keep clean and do not bend or fold. For filling in the document please use a blue or black pen.

Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 5

| | a | b | c | d |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Proper Marking Technique

Multiple Choice Answers

- Mark exactly **one** answer per question
- Use a clear X that fits completely inside the designated box
- Ensure marks are dark and legible
- Do not extend marks outside box boundaries

Written Responses

- Use designated answer boxes on separate page
- Keep all work within box boundaries
- Write legibly in blue or black pen
- Include complete solutions and explanations

Managing Mistakes

Important: No Erasures Allowed

Since pen marks cannot be erased, any marking errors require immediate attention.

Incorrect approaches:

- Crossing out wrong answers
- Scribbling over incorrect marks
- Using correction fluid or tape

Correct procedure:

- Raise your hand immediately
- Request a new answer sheet from the exam supervisor
- Transfer all correct answers to the new sheet

Quality Assurance Review

Personal Information:

- ☐ Name written clearly
- ☐ Signature provided
- ☐ Registration number complete
- ☐ Bubbles marked correctly

Answer Quality:

- ☐ One mark per question
- ☐ All marks clear and dark
- ☐ No stray marks present
- ☐ Sheet undamaged

Final Step

Review your completed answer sheet thoroughly before submission to ensure optimal scanning results.