




CANDIDATE NAME: _____

SCHOOL NAME: _____

EXAM DATE 6/10/2025	LEVEL 2	STANDARD 04
<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">ROLL NO.</div> <div style="text-align: center; padding: 20px;">  761012301 </div>	<ol style="list-style-type: none"> 1. Write your Roll Number on the left side of the OMR sheet in the box specified and darken the appropriate circles given by using HB Pencil/ball-point pen (blue/black) only. 2. Put your Full Name, School Name, Standard, Subject, Exam Date, Level in the space provided. 3. Darken the circle(s) completely that you think appropriate. 4. Do not fold or crumple the OMR Sheet. 5. Before submitting the OMR Sheet, the candidate should verify that all the entries are made correctly and duly signed by the invigilator. 6. Do Not do any rough work on this OMR Sheet. 	<div style="text-align: center; font-weight: bold;">HOW TO DARKEN</div> <div style="text-align: center; padding: 5px;"> CORRECT  </div> <div style="text-align: center; padding: 5px;"> WRONG  </div>

MARK YOUR ANSWERS WITH HB PENCIL/BALL POINT PEN (BLUE/BLACK)

SUBJECTS	Q.No. ANSWER	Q.No. ANSWER	Q.No. ANSWER
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<input type="radio"/> D 50. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 51. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 52. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 53. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 54. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 55. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 56. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 57. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 58. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 59. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 60. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Signature of Candidate

Signature of Invigilator