


CANDIDATE NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

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

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Signature of Invigilator