

(Please see Instructions for filling up OMR Sheet on the Back Side (Side - 2))

District: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Question Booklet Series: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Day: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Medium: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Assamese <input type="radio"/> English <input type="radio"/> Bodo <input type="radio"/> Manipuri <input type="radio"/> Hindi <input type="radio"/> Bengali <input type="radio"/>
Block: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Cluster: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	School Code: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
Student Code/ID: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	School Name: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
Student Name: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Note: Darken the above circle which is applicable like this - <input checked="" type="radio"/>			

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Name & Signature of Teacher (Inside the box)

Before signing please make sure that the candidate has filled up his/her Question Booklet Series and Date

Name & Signature of External Evaluator (Inside the box only)

Before signing please make sure that the candidate has filled up his/her Question Booklet Series and Date