

# PAPER D

## JUNIOR

Candidate Name Shavkatov Shikbar

Country Uzbekistan, Sam

Candidate No. 

C	A	N	5	6	7	3	1	2	4	5	1	9
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Level D

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
10	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

9							
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##### Question 22

1	1	1					
---	---	---	--	--	--	--	--

##### Question 23

6	0						
---	---	--	--	--	--	--	--

##### Question 24

0							
---	--	--	--	--	--	--	--

##### Question 25

6	2						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
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#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

UPPER PRIMARY

Candidate Name Aminjon Hamzaminiev

Country Uzbekistan

Candidate No. 

C	A	N	1	8	3	4	1	2	4	4	0	0
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Level C

## Candidate Answer Sheet

### Multiple Choice

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
2	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
10	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
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16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
18	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

### Free Response

Question 21

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Question 22

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Question 23

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Question 24

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Question 25

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### INSTRUCTIONS

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#### Questions 1 to 20

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<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

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Do not write inside this box. For examiner use only.

# PAPER C

## UPPER PRIMARY

Candidate Name Bdun Yuldashev

Country Uzbekistan

Candidate No.

C A N 7 2 8 9 1 2 4 3 1 3

Level

C

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
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6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
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9	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
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15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

7

Question 22

15

Question 23

45

Question 24

20

Question 25

25

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

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Rub out COMPLETELY any answer you wish to change with an eraser.

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# PAPER B

## MIDDLE PRIMARY

Candidate Name

*Davronbek Bahriddinov*

Country

*UZB. Samarqand*

Candidate No.

C A N 8 3 2 9 1 2 4 2 2 2

Level

*B*

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
16	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
20	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

Question 21

--	--	--	--	--	--	--	--

Question 22

--	--	--	--	--	--	--	--

Question 23

--	--	--	--	--	--	--	--

Question 24

<i>10</i>	<i>104</i>						
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Question 25

<i>19</i>							
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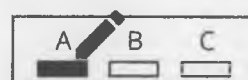
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name

Diyora Batiyova

Country

Uzbekistan

Candidate No.

C A N 6 8 6 6 1 2 4 2 2 4

Level

B

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
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17	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

6

Question 22

9

Question 23

10

Question 24

123

Question 25

8

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

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#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

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# PAPER C

UPPER PRIMARY

Candidate Name

Karimboyev Elchinbek

Country

Uzbekistan  
Uzbeki

Candidate No.

C A N 6 1 3 5 1 2 4 3 1 2

Level

C

## Candidate Answer Sheet

### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
3	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
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5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
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19	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

### Free Response

Question 21

6

Question 22

1 2

Question 23

3 2 C M<sup>2</sup>

Question 24

1 2

Question 25

3 5

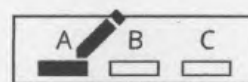
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#### Questions 1 to 20

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For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



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# PAPER C

## UPPER PRIMARY

Candidate Name Ermatov Elnur Sarvarovich Country UZB, Samarkand

Candidate No. 

C	A	N	7	5	6	7	1	2	4	4	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---

 Level C

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
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8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
15	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

Question 21

7							
---	--	--	--	--	--	--	--

Question 22

13							
----	--	--	--	--	--	--	--

Question 23

42							
----	--	--	--	--	--	--	--

Question 24

16							
----	--	--	--	--	--	--	--

Question 25

45							
----	--	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
------------------------------------	-------------------------	-------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER B

## MIDDLE PRIMARY

Candidate Name Em. / Abutalipov

Country Uzbekistan

Candidate No. 

C	A	N	5	5	8	6	1	2	4	1	0	4
---	---	---	---	---	---	---	---	---	---	---	---	---

Level B

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
19	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E

#### Free Response

Question 21

4							
---	--	--	--	--	--	--	--

Question 22

3							
---	--	--	--	--	--	--	--

Question 23

3							
---	--	--	--	--	--	--	--

Question 24

10							
----	--	--	--	--	--	--	--

Question 25

10							
----	--	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
---------------------------------------	----------------------------	----------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER A

## LOWER PRIMARY

Candidate Name Imomiddin Abdulkholikov

Country Samarkand Uzbekistan

Candidate No. 

C	A	N	6	8	3	4	1	2	3	9	4	5
---	---	---	---	---	---	---	---	---	---	---	---	---

Level A.

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Question 21

29adom

#### Question 22

5:00vaqt

#### Question 23

121keyin

#### Question 24

58öladı

#### Question 25

0=19

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name

*Imronbek Alokiddinov*

Country

*Uzbekistan*

Candidate No.

C A N 7 6 4 0 1 2 4 1 0 7

Level

*B*

### Candidate Answer Sheet

#### Multiple Choice

1	A	B	C	D	E
2	A	B	C	D	E
3	A	B	C	D	E
4	A	B	C	D	E
5	A	B	C	D	E
6	A	B	C	D	E
7	A	B	C	D	E
8	A	B	C	D	E
9	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E
14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E

#### Free Response

Question 21

3

Question 22

5

Question 23

9

Question 24

11

Question 25

8

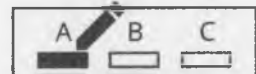
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER A

## LOWER PRIMARY

Candidate Name

Ismoil Maxmayusupov

Country

Samarkand  
Uzbekistan

Candidate No.

C A N 6 4 1 2 1 2 3 8 0 4

Level

1A

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
19	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Question 21

27 240 102

#### Question 22

4:40

#### Question 23

100,121

#### Question 24

37 239 27.6

#### Question 25

00129 = 24

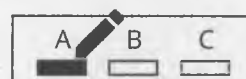
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

## UPPER PRIMARY

Candidate Name Toshturdiyeva Jahona Country Uzbekistan

Candidate No. 

C	A	N	7	4	0	7	1	2	4	3	0	9
---	---	---	---	---	---	---	---	---	---	---	---	---

 Level C

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
3	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

3	7	5							
---	---	---	--	--	--	--	--	--	--

##### Question 22

3	0								
---	---	--	--	--	--	--	--	--	--

##### Question 23

--	--	--	--	--	--	--	--	--	--

##### Question 24

--	--	--	--	--	--	--	--	--	--

##### Question 25

5	0	-	h	a	d				
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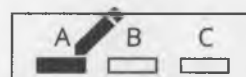
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

## UPPER PRIMARY

Candidate Name XASAN NORBOYE

Country UZB.SAMARKAND

Candidate No. 

C	A	N	8	9	2	3	1	2	4	3	1	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
10	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
16	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Question 21

0 L T i

#### Question 22

#### Question 23

#### Question 24

#### Question 25

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER A

## LOWER PRIMARY

Candidate Name Boligev Xondomin

Country Samarkand Uzbekistan

Candidate No. 

C	A	N	1	5	7	5	1	2	3	9	4	4
---	---	---	---	---	---	---	---	---	---	---	---	---

Level A

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

2 to multi box

##### Question 22

24:35

##### Question 23

3 + 120 + 12

##### Question 24

3 + 12

##### Question 25

▲ = 24 ○ = 18 ◆ = 16

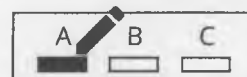
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER D

## JUNIOR

Candidate Name Ibragimov Turshid

Country Uzb, Samarkand

Candidate No. C A N 3 2 9 5 1 2 4 5

Level D

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
10	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
14	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
20	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

Question 21

1							
---	--	--	--	--	--	--	--

Question 22

2	6	5	0	0			
---	---	---	---	---	--	--	--

Question 23

6	0	0					
---	---	---	--	--	--	--	--

Question 24

2	0	2	5				
---	---	---	---	--	--	--	--

Question 25

4	0						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
------------------------------------	-------------------------	-------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER C

## UPPER PRIMARY

Candidate Name Barboyeo Xuan

Country U.S.A.

Candidate No. 

C	A	N	1	4	3	8	1	2	4	3	1	1
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
15	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

879221

Question 22

--	--	--	--	--	--	--	--

Question 23

--	--	--	--	--	--	--	--

Question 24

--	--	--	--	--	--	--	--

Question 25

--	--	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name

*Sobirxon Kushnurbek*

Country

*Uzbekistan, Samarkand*

Candidate No.

C A N 8 2 2 6 1 2 4 1 0 5

Level

*3*

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
5	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
7	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

Question 21

*4*

Question 22

*7*

Question 23

*2 2*

Question 24

*1 5 2 1*

Question 25

*9*

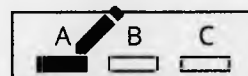
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER D

JUNIOR

Candidate Name Mansur Shirinboyev

Country UZB Samargand

Candidate No. 

C	A	N	4	1	6	6	1	2	4	4	7	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Level D

## Candidate Answer Sheet

### Multiple Choice

### Free Response

1	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

Question 21

5

Question 22

10, 32 m

Question 23

20

Question 24

2650

Question 25

70

### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name Shorafbayer Mohammadali

Country Uzb, Samargand

Candidate No. 

C	A	N	3	8	1	2	1	2	4	2	2	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Level B

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
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13	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E

#### Free Response

Question 21

8							
---	--	--	--	--	--	--	--

Question 22

4	6						
---	---	--	--	--	--	--	--

Question 23

2	8						
---	---	--	--	--	--	--	--

Question 24

1	0	0	1				
---	---	---	---	--	--	--	--

Question 25

1	9						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
---------------------------------------	----------------------------	----------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name Sutfillayev Muhammadjon

Country Uzbekistan,  
Samarkand

Candidate No. 

C	A	N	8	6	7	4	1	2	4	2	2	3
---	---	---	---	---	---	---	---	---	---	---	---	---

Level B

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
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5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

4							
---	--	--	--	--	--	--	--

Question 22

2	2						
---	---	--	--	--	--	--	--

Question 23

4	8	0					
---	---	---	--	--	--	--	--

Question 24

4	5	0	6				
---	---	---	---	--	--	--	--

Question 25

6	4						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
---------------------------------------	----------------------------	----------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name

*Qosimov Nurbek*

Country

*Uzb, Samarkand*

Candidate No.

C A N 6 9 6 8 1 2 4 1 0 6

Level

*B*

### Candidate Answer Sheet

#### Multiple Choice

1	A	B	C	D	E
2	A	B	C	D	E
3	A	B	C	D	E
4	A	B	C	D	E
5	A	B	C	D	E
6	A	B	C	D	E
7	A	B	C	D	E
8	A	B	C	D	E
9	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E
14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E

#### Free Response

##### Question 21

*8*

##### Question 22

*(a - 3)*

##### Question 23

*9 6*

##### Question 24

*5 8 9*

##### Question 25

*1 6*

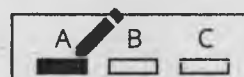
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER C

UPPER PRIMARY

Candidate Name Ulmajonov Ogabek

Country Uzbekistan

Candidate No. 

C	A	N	8	1	8	1	1	2	4	3	1	5
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C

## Candidate Answer Sheet

### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
15	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
18	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
20	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

### Free Response

Question 21

5							
---	--	--	--	--	--	--	--

Question 22

10							
----	--	--	--	--	--	--	--

Question 23

200							
-----	--	--	--	--	--	--	--

Question 24

16							
----	--	--	--	--	--	--	--

Question 25

18							
----	--	--	--	--	--	--	--

### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER D

## JUNIOR

Candidate Name

*Holirashi'lov Oybek*

Country

*Uzbekistan*

Candidate No.

C A N 5 0 2 5 1 2 4 4 6 9

Level

*D*

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
14	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

*1*

##### Question 22

*55 METERS*

##### Question 23

##### Question 24

*410*

##### Question 25

*30*

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

## UPPER PRIMARY

Candidate Name Elamanbek Subaymonov

Country Uzbekistan

Candidate No. 

C	A	N	1	8	9	9	1	2	4	3	1	4
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
2	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
18	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

6 pipes

##### Question 22

13

##### Question 23

360 cm 15 cm<sup>2</sup>

##### Question 24

18

##### Question 25

85

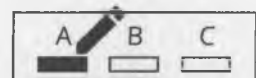
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER B

## MIDDLE PRIMARY

Candidate Name Abdurakbar Samueh

Country Uzbekistan

Candidate No. C A N 3 8 5 6 1 2 4 2 2 1

Level B

### Candidate Answer Sheet

#### Multiple Choice

1	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
20	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

8							
---	--	--	--	--	--	--	--

Question 22

4							
---	--	--	--	--	--	--	--

Question 23

1	7	6					
---	---	---	--	--	--	--	--

Question 24

7	9	6	0				
---	---	---	---	--	--	--	--

Question 25

2	3						
---	---	--	--	--	--	--	--

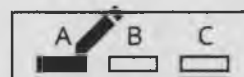
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER A

## LOWER PRIMARY

Candidate Name Saybullov Sharifjon

Country uzbekistan

Candidate No. 

C	A	N	8	1	8	6	1	2	3	9	4	3
---	---	---	---	---	---	---	---	---	---	---	---	---

Level A

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
12	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
14	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Free Response

Question 21

--	--	--	--	--	--	--	--

Question 22

--	--	--	--	--	--	--	--

Question 23

--	--	--	--	--	--	--	--

Question 24

2	8						
---	---	--	--	--	--	--	--

Question 25

3	8						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER D

## JUNIOR

Candidate Name Shohjahon Ortigov

Country UZB, Samarkand

Candidate No. 

C	A	N	1	5	7	8	1	2	4	5	1	8
---	---	---	---	---	---	---	---	---	---	---	---	---

Level D

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
10	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

#### Question 21

9							
---	--	--	--	--	--	--	--

#### Question 22

1	1	3					
---	---	---	--	--	--	--	--

#### Question 23

6	0						
---	---	--	--	--	--	--	--

#### Question 24

0							
---	--	--	--	--	--	--	--

#### Question 25

6	2						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
------------------------------------	-------------------------	-------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

UPPER PRIMARY

Candidate Name Umirzoda Shohjahon

Country UZB samoydond

Candidate No. 

C	A	N	6	9	1	9	1	2	4	3	9	9
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C

## Candidate Answer Sheet

### Multiple Choice

1	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
17	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

### Free Response

#### Question 21

6 $\frac{2}{3}$							
-----------------	--	--	--	--	--	--	--

#### Question 22

10							
----	--	--	--	--	--	--	--

#### Question 23

85							
----	--	--	--	--	--	--	--

#### Question 24

55 minut							
----------	--	--	--	--	--	--	--

#### Question 25

25							
----	--	--	--	--	--	--	--

### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
---------------------------------------	----------------------------	----------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER E

## INTERMEDIATE

Candidate Name Shoxrux Umirzokov

Country Uzbekistan

Candidate No. 

C	A	N	8	6	8	2	1	2	4	5	5	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Level E

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
13	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
16	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
18	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E

#### Free Response

##### Question 21

1	7						
---	---	--	--	--	--	--	--

##### Question 22

1							
---	--	--	--	--	--	--	--

##### Question 23

2	0	2	5				
---	---	---	---	--	--	--	--

##### Question 24

2	4						
---	---	--	--	--	--	--	--

##### Question 25

1							
---	--	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
------------------------------------	-------------------------	-------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.



# PAPER D

## JUNIOR

Candidate Name Sohibjon Norqulov Country Uzbekistan

Candidate No. 

C	A	N	9	6	1	5	1	2	4	4	6	8
---	---	---	---	---	---	---	---	---	---	---	---	---

 Level D

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
13	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E

#### Free Response

##### Question 21

1							
---	--	--	--	--	--	--	--

##### Question 22

1	6						
---	---	--	--	--	--	--	--

##### Question 23

A	C						
---	---	--	--	--	--	--	--

##### Question 24

4	2	0					
---	---	---	--	--	--	--	--

##### Question 25

7	0						
---	---	--	--	--	--	--	--

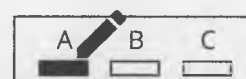
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

## PAPER D

JUNIOR

Candidate Name

Temur Osrojev

Country

UzB, Samarkand

Candidate No.

C	A	N	8	3	8	0	1	2	4	5	2	0	
---	---	---	---	---	---	---	---	---	---	---	---	---	--

Level

0

## Candidate Answer Sheet

### Multiple Choice

1	A	B	C	D	E
2	A	B	C	D	E
3	A	B	C	D	E
4	A	B	C	D	E
5	A	B	C	D	E
6	A	B	C	D	E
7	A	B	C	D	E
8	A	B	C	D	E
9	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E
14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E

## Free Response

### Question 21

0							4
---	--	--	--	--	--	--	---

### Question 22

2	15				200
---	----	--	--	--	-----

### Question 23

						90
--	--	--	--	--	--	----

### Question 24

2	0	2	5	/	2	0	2	6
---	---	---	---	---	---	---	---	---

### Question 25

4	0	0					
---	---	---	--	--	--	--	--

## INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think “A” is the best answer to the question, mark your answer sheet like this:

A diagram of a test tube divided into three horizontal sections labeled A, B, and C from left to right. Section A contains a dark grey liquid. Section B contains a light grey liquid. Section C contains a white liquid. A black arrow points to the top surface of the liquid in section A.

### Questions 21 to 25

Fill in the boxes with digits or  
UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER C

## UPPER PRIMARY

Candidate Name Ukhrudinov Ulugbek

Country Uzbekistan

Candidate No. 

C	A	N	7	4	4	9	1	2	4	3	0	8
---	---	---	---	---	---	---	---	---	---	---	---	---

Level C1

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
4	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
9	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E
11	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
12	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
13	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
14	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
16	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	<input type="radio"/> E
19	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E

#### Free Response

##### Question 21

$(30 + 24) : 2 = 27$

##### Question 22

15

##### Question 23

33 cm<sup>2</sup>

##### Question 24

24 min

##### Question 25

23

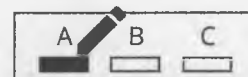
#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER A

## LOWER PRIMARY

Candidate Name

*Toychiye Uligbek*

Country

*Kazakhstan*

Candidate No.

C A N 1 1 7 7 1 2 3 9 4 6

Level

*A*

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	A	B	C	D	E
2	A	B	C	D	E
3	A	B	C	D	E
4	A	B	C	D	E
5	A	B	C	D	E
6	A	B	C	D	E
7	A	B	C	D	E
8	A	B	C	D	E
9	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E
14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E

#### Question 21

*3 7 2*

#### Question 22

*5:00 PM*

#### Question 23

*1 2 1*

#### Question 24

*2 7 2*

#### Question 25

*1 3*

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER D

## JUNIOR

Candidate Name Hamrokulov Yulduz Shuxrat giri

Country Uzb. Samarland

Candidate No. 

C	A	N	5	7	3	7	1	2	4	4	6	7
---	---	---	---	---	---	---	---	---	---	---	---	---

Level D

### Candidate Answer Sheet

#### Multiple Choice

#### Free Response

1	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
9	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Question 21

e i g h t

#### Question 22

f i v e

#### Question 23

#### Question 24

#### Question 25

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:



#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

Do not write inside this box. For examiner use only.

# PAPER E

## INTERMEDIATE

Candidate Name Zarnigor Hamraayulova

Country Uzbekistan

Candidate No. 

C	A	N	5	4	6	8	1	2	4	5	8	3
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Level E

### Candidate Answer Sheet

#### Multiple Choice

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
3	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
6	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
7	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
9	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
11	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E
17	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input checked="" type="checkbox"/> E
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

#### Free Response

Question 21

1	5						
---	---	--	--	--	--	--	--

Question 22

2	0	2	5				
---	---	---	---	--	--	--	--

Question 23

2	0	2	5				
---	---	---	---	--	--	--	--

Question 24

3	6	0					
---	---	---	--	--	--	--	--

Question 25

2	1						
---	---	--	--	--	--	--	--

#### INSTRUCTIONS

Use a 2B or B pencil. You are not allowed to use a pen.

#### Questions 1 to 20

Mark only ONE option for each question. Colour in the box fully.

For example, if you think "A" is the best answer to the question, mark your answer sheet like this:

<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
---------------------------------------	----------------------------	----------------------------

#### Questions 21 to 25

Fill in the boxes with digits or UPPERCASE alphabets only.

Each box may contain only ONE character.

Rub out COMPLETELY any answer you wish to change with an eraser.

Answers not clearly legible will be marked INVALID.

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