




Personal Data

Family Name: TEST
Given Name: CASE 1
Signature: 

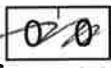
checked

Registration Number

1 0 0 0 0 0 0 0 0 0

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

In this section **no** changes or modifications must be made!

Scrambling 

Type 005

Exam ID(Kurs) 23121500001

Please mark the boxes carefully: ☒ or ☐ or ☐

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

Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 4

a	<input checked="" type="checkbox"/>	1
b	<input type="checkbox"/>	2
a	<input checked="" type="checkbox"/>	3
b	<input type="checkbox"/>	4



<div style="display: flex; justify-content: space-between;"> <div> <p>Registration Number</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 2000000000 </div> </div> <div> <p>0</p><p>1</p><p>2</p><p>3</p><p>4</p><p>5</p><p>6</p><p>7</p><p>8</p><p>9</p> </div> </div>										<div style="display: flex; justify-content: space-around;"> <div> <p>0</p><p>1</p><p>2</p><p>3</p><p>4</p><p>5</p><p>6</p><p>7</p><p>8</p><p>9</p> </div> <div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 00 </div> <p>0 1</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div> <p>Scrambling</p> </div> <div> <p>Exam ID(Kurs)</p> <div style="border: 1px solid black; padding: 2px;">23121500001</div> </div> <div> <p>Type</p> <div style="border: 1px solid black; padding: 2px;">005</div> </div> </div>																			
<p>In this section no changes or modifications must be made!</p>																			
<p>Personal Data</p>																			
<p>Family Name:</p> <p>TEST</p>										<p>Given Name:</p> <p>CASE 2</p>									
<p>Signature:</p> <p>_____</p>																			
<p>checked</p>																			

Only clearly marked and positionally accurate crosses will be processed!

Answers 1 - 4

b	a	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
<input type="checkbox"/>	<input type="checkbox"/>	3
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
b	a	