Your Institute Name & Logo

OMR ANSWER SHEET

ROLL NO. 1	TEST ID 1	Batch	Test Date//
A B C D 1		61	81 0 0 0
6	27	68 0	87 0 0 0
11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	31	72 O O 73 O O 74 O O	92
16	36	77 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	97