



JOINT CSIR - UGC NET

EXAMINATION



Home



Support  
Ticket



Information  
Bulletin



FAQ



Change  
Password



0

Candidate Details :

Back

Application Number

:

231620102680

Roll Number

:

RJ06002144

Candidate Name

:

MOHAMMAD IBRAHIM

Date of Birth

:

01-03-1997

Father Name

:

GHULAM MEHDI

Mother Name

:

FATIMA BANOO

Gender

:

Male

Subject Name

:

Life Sciences

Questions List

| SR No. | Question Number | Correct Options/Answers | Options/Answer for Challenge   |
|--------|-----------------|-------------------------|--|
| 1.     | 703001          | 4                       | <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input checked="" type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 2.     | 703002          | 1                       | <div><input checked="" type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 3.     | 703003          | 1                       | <div><input checked="" type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 4.     | 703004          | 2                       | <div><input type="checkbox"/> 1</div> <div><input checked="" type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 5.     | 703005          | 2                       | <div><input type="checkbox"/> 1</div> <div><input checked="" type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 6.     | 703006          | 4                       | <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input checked="" type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 7.     | 703007          | 2                       | <div><input type="checkbox"/> 1</div> <div><input checked="" type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |
| 8.     | 703008          | 2                       | <div><input type="checkbox"/> 1</div> <div><input checked="" type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> None of These</div> |

| SR No. | Question Number | Correct Options/Answers | Options/Answer for Challenge   |
|--------|-----------------|-------------------------|--|
|        |                 |                         | <input type="checkbox"/> None of These   |
| 9.     | 703009          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 10.    | 703010          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 11.    | 703011          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 12.    | 703012          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 13.    | 703013          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 14.    | 703014          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 15.    | 703015          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 16.    | 703016          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 17.    | 703017          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 18.    | 703018          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 19.    | 703019          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 20.    | 703020          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 21.    | 703021          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 22.    | 703022          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 23.    | 703023          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

| SR No. | Question Number | Correct Options/Answers | Options/Answer for Challenge   |
|--------|-----------------|-------------------------|--|
| 24.    | 703024          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 25.    | 703025          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 26.    | 703026          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 27.    | 703027          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 28.    | 703028          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 29.    | 703029          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 30.    | 703030          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 31.    | 703031          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 32.    | 703032          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 33.    | 703033          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 34.    | 703034          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 35.    | 703035          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 36.    | 703036          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 37.    | 703037          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 38.    | 703038          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 39.    | 703039          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |

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|--------|-----------------|-------------------------|--|
| 40.    | 703040          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 41.    | 703041          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 42.    | 703042          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 43.    | 703043          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 44.    | 703044          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 45.    | 703045          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 46.    | 703046          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 47.    | 703047          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 48.    | 703048          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 49.    | 703049          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 50.    | 703050          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 51.    | 703051          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 52.    | 703052          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 53.    | 703053          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 54.    | 703054          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 55.    | 703055          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

| SR No. | Question Number | Correct Options/Answers | Options/Answer for Challenge   |
|--------|-----------------|-------------------------|--|
| 56.    | 703056          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 57.    | 703057          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 58.    | 703058          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 59.    | 703059          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 60.    | 703060          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 61.    | 703061          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 62.    | 703062          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 63.    | 703063          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 64.    | 703064          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 65.    | 703065          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 66.    | 703066          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 67.    | 703067          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 68.    | 703068          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 69.    | 703069          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 70.    | 703070          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 71.    | 703071          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

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|--------|-----------------|-------------------------|--|
| 72.    | 703072          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 73.    | 703073          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 74.    | 703074          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 75.    | 703075          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 76.    | 703076          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 77.    | 703077          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 78.    | 703078          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 79.    | 703079          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
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| 81.    | 703081          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 82.    | 703082          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 83.    | 703083          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 84.    | 703084          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 85.    | 703085          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 86.    | 703086          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 87.    | 703087          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

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|--------|-----------------|-------------------------|--|
| 88.    | 703088          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 89.    | 703089          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 90.    | 703090          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 91.    | 703091          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 92.    | 703092          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 93.    | 703093          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 94.    | 703094          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 95.    | 703095          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 96.    | 703096          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 97.    | 703097          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 98.    | 703098          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 99.    | 703099          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 100.   | 703100          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 101.   | 703101          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 102.   | 703102          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 103.   | 703103          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

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|--------|-----------------|-------------------------|--|
| 104.   | 703104          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 105.   | 703105          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 106.   | 703106          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 107.   | 703107          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 108.   | 703108          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 109.   | 703109          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 110.   | 703110          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 111.   | 703111          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 112.   | 703112          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
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| 114.   | 703114          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 115.   | 703115          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 116.   | 703116          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 117.   | 703117          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 118.   | 703118          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 119.   | 703119          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |



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|--------|-----------------|-------------------------|--|
| 120.   | 703120          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 121.   | 703121          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 122.   | 703122          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 123.   | 703123          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 124.   | 703124          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 125.   | 703125          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 126.   | 703126          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 127.   | 703127          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 128.   | 703128          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 129.   | 703129          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 130.   | 703130          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 131.   | 703131          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 132.   | 703132          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 133.   | 703133          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 134.   | 703134          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 135.   | 703135          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

| SR No. | Question Number | Correct Options/Answers | Options/Answer for Challenge   |
|--------|-----------------|-------------------------|--|
| 136.   | 703136          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 137.   | 703137          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 138.   | 703138          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 139.   | 703139          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 140.   | 703140          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 141.   | 703141          | 2                       | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 142.   | 703142          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 143.   | 703143          | 4                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 144.   | 703144          | 3                       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |
| 145.   | 703145          | 1                       | <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> None of These |

### Claimed Answer Key

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