

# ANSWER KEY

**SIDE - I**

Answer Sheet No.

## ASSAM PUBLIC SERVICE COMMISSION

04211

(OMR ANSWER SHEET FOR THE POST OF A.E. (C) UNDER P.W. DEPTT.)

Centre Name:

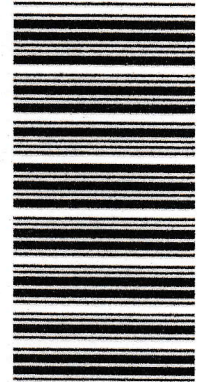
Name of Subject: **GENERAL STUDIES & GENERAL ENGLISH**

| Roll No.             |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0                    | 0                    | 0                    | 0                    | 0                    |
| 1                    | 1                    | 1                    | 1                    | 1                    |
| 2                    | 2                    | 2                    | 2                    | 2                    |
| 3                    | 3                    | 3                    | 3                    | 3                    |
| 4                    | 4                    | 4                    | 4                    | 4                    |
| 5                    | 5                    | 5                    | 5                    | 5                    |
| 6                    | 6                    | 6                    | 6                    | 6                    |
| 7                    | 7                    | 7                    | 7                    | 7                    |
| 8                    | 8                    | 8                    | 8                    | 8                    |
| 9                    | 9                    | 9                    | 9                    | 9                    |

| Test Booklet No.     |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 0                    | 0                    | 0                    | 0                    | 0                    |
| 1                    | 1                    | 1                    | 1                    | 1                    |
| 2                    | 2                    | 2                    | 2                    | 2                    |
| 3                    | 3                    | 3                    | 3                    | 3                    |
| 4                    | 4                    | 4                    | 4                    | 4                    |
| 5                    | 5                    | 5                    | 5                    | 5                    |
| 6                    | 6                    | 6                    | 6                    | 6                    |
| 7                    | 7                    | 7                    | 7                    | 7                    |
| 8                    | 8                    | 8                    | 8                    | 8                    |
| 9                    | 9                    | 9                    | 9                    | 9                    |

| Series                             |
|------------------------------------|
| <input checked="" type="radio"/> D |
| <input type="radio"/> A            |
| <input type="radio"/> B            |
| <input type="radio"/> C            |
| <input type="radio"/> .            |

Answer Sheet  
without  
marking  
Series shall  
not be  
evaluated.



### ANSWERS

|    |  |    |  |    |  |    |  |     |  |
|----|--|----|--|----|--|----|--|-----|--|
| 01 | A B <input checked="" type="radio"/> D | 21 | <input checked="" type="radio"/> B C D | 41 | A B <input checked="" type="radio"/> D | 61 | A <input checked="" type="radio"/> C D | 81  | <input checked="" type="radio"/> B C D |
| 02 | A B <input checked="" type="radio"/> D | 22 | A B C <input checked="" type="radio"/> | 42 | <input checked="" type="radio"/> B C D | 62 | A B C <input checked="" type="radio"/> | 82  | A <input checked="" type="radio"/> C D |
| 03 | A <input checked="" type="radio"/> C D | 23 | <input checked="" type="radio"/> B C D | 43 | <input checked="" type="radio"/> B C D | 63 | A B C <input checked="" type="radio"/> | 83  | A B <input checked="" type="radio"/> D |
| 04 | A <input checked="" type="radio"/> C D | 24 | A <input checked="" type="radio"/> C D | 44 | A <input checked="" type="radio"/> C D | 64 | <input checked="" type="radio"/> B C D | 84  | <input checked="" type="radio"/> B C D |
| 05 | A B C <input checked="" type="radio"/> | 25 | A <input checked="" type="radio"/> C D | 45 | <input checked="" type="radio"/> B C D | 65 | A B C <input checked="" type="radio"/> | 85  | <input checked="" type="radio"/> B C D |
| 06 | A B <input checked="" type="radio"/> D | 26 | A <input checked="" type="radio"/> C D | 46 | <input checked="" type="radio"/> B C D | 66 | A <input checked="" type="radio"/> C D | 86  | A <input checked="" type="radio"/> C D |
| 07 | A <input checked="" type="radio"/> C D | 27 | A B C <input checked="" type="radio"/> | 47 | A B C <input checked="" type="radio"/> | 67 | A B <input checked="" type="radio"/> D | 87  | A <input checked="" type="radio"/> C D |
| 08 | <input checked="" type="radio"/> B C D | 28 | A B <input checked="" type="radio"/> D | 48 | A B C <input checked="" type="radio"/> | 68 | A B <input checked="" type="radio"/> D | 88  | <input checked="" type="radio"/> B C D |
| 09 | A <input checked="" type="radio"/> C D | 29 | A <input checked="" type="radio"/> C D | 49 | A <input checked="" type="radio"/> C D | 69 | A <input checked="" type="radio"/> C D | 89  | A B <input checked="" type="radio"/> D |
| 10 | A <input checked="" type="radio"/> C D | 30 | A <input checked="" type="radio"/> C D | 50 | <input checked="" type="radio"/> B C D | 70 | A B C <input checked="" type="radio"/> | 90  | A B C <input checked="" type="radio"/> |
| 11 | <input checked="" type="radio"/> B C D | 31 | A <input checked="" type="radio"/> C D | 51 | <input checked="" type="radio"/> B C D | 71 | A <input checked="" type="radio"/> C D | 91  | A B <input checked="" type="radio"/> D |
| 12 | A <input checked="" type="radio"/> C D | 32 | <input checked="" type="radio"/> B C D | 52 | A B <input checked="" type="radio"/> D | 72 | <input checked="" type="radio"/> B C D | 92  | <input checked="" type="radio"/> B C D |
| 13 | A <input checked="" type="radio"/> C D | 33 | <input checked="" type="radio"/> B C D | 53 | A B <input checked="" type="radio"/> D | 73 | A B <input checked="" type="radio"/> D | 93  | A B <input checked="" type="radio"/> D |
| 14 | A B <input checked="" type="radio"/> D | 34 | <input checked="" type="radio"/> B C D | 54 | A <input checked="" type="radio"/> C D | 74 | <input checked="" type="radio"/> B C D | 94  | A B C <input checked="" type="radio"/> |
| 15 | A B C <input checked="" type="radio"/> | 35 | A B C <input checked="" type="radio"/> | 55 | A B <input checked="" type="radio"/> D | 75 | <input checked="" type="radio"/> B C D | 95  | <input checked="" type="radio"/> B C D |
| 16 | A <input checked="" type="radio"/> C D | 36 | A <input checked="" type="radio"/> C D | 56 | A B <input checked="" type="radio"/> D | 76 | <input checked="" type="radio"/> B C D | 96  | A B C <input checked="" type="radio"/> |
| 17 | A B C <input checked="" type="radio"/> | 37 | A B <input checked="" type="radio"/> D | 57 | A B <input checked="" type="radio"/> D | 77 | A B <input checked="" type="radio"/> D | 97  | A B C <input checked="" type="radio"/> |
| 18 | A B <input checked="" type="radio"/> D | 38 | A B <input checked="" type="radio"/> D | 58 | A B <input checked="" type="radio"/> D | 78 | <input checked="" type="radio"/> B C D | 98  | <input checked="" type="radio"/> B C D |
| 19 | A <input checked="" type="radio"/> C D | 39 | A <input checked="" type="radio"/> C D | 59 | A B <input checked="" type="radio"/> D | 79 | A B <input checked="" type="radio"/> D | 99  | A B C <input checked="" type="radio"/> |
| 20 | A <input checked="" type="radio"/> C D | 40 | A <input checked="" type="radio"/> C D | 60 | A B C <input checked="" type="radio"/> | 80 | A B C <input checked="" type="radio"/> | 100 | <input checked="" type="radio"/> B C D |

### PLEASE READ THE INSTRUCTIONS GIVEN ON SIDE-II

I hereby certify that I have checked the above information of the Candidate Roll No. and Test Booklet No.

I hereby undertake that the information provided by me for my eligibility for Examination is true to the best of my knowledge. In case any informations found to be incorrect / incomplete at any stage, I am liable for disqualification for Examination and legal action.

Full Signature of the Invigilator with date

Full Signature of the Candidate with date

*Compared by*  
*01/12/20*  
*01/12/20*

J0308