

ANSWER KEY

SIDE - I

ASSAM PUBLIC SERVICE COMMISSION
(OMR ANSWER SHEET FOR THE POST OF A.E. (C) UNDER P&RD DEPTT.)

Answer Sheet No.

03979

Centre Name:

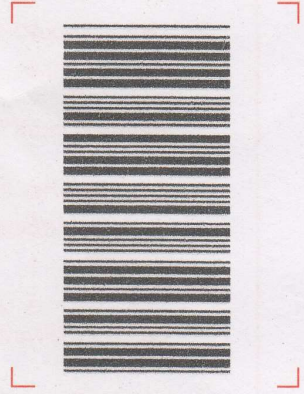
Name of Subject: GENERAL STUDIES

Roll No.				
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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.				
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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"/> C
<input type="radio"/> A
<input type="radio"/> B
<input type="radio"/> D

Answer Sheet without marking Series shall not be evaluated.



ANSWERS

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

Full Signature of the Invigilator with date

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 Candidate with date

J0338