

ASSAM PUBLIC SERVICE COMMISSION

01226

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

Centre Name:

Name of Subject:

CIVIL ENGINEERING



Roll No.				
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.				
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"/> 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 <input checked="" type="radio"/> D	21	A <input checked="" type="radio"/> C D	41	<input checked="" type="radio"/> B C D	61	<input checked="" type="radio"/> B C D	81	A B C <input checked="" type="radio"/>
02	A B <input checked="" type="radio"/> D	22	<input checked="" type="radio"/> B C D	42	<input checked="" type="radio"/> B C D	62	<input checked="" type="radio"/> B C D	82	A B <input checked="" type="radio"/> D
03	A B C <input checked="" type="radio"/>	23	<input checked="" type="radio"/> B C D	43	A B C <input checked="" type="radio"/>	63	A B <input checked="" type="radio"/> D	83	A <input checked="" type="radio"/> C D
04	A B C <input checked="" type="radio"/>	24	<input checked="" type="radio"/> B C D	44	A B C <input checked="" type="radio"/>	64	A <input checked="" type="radio"/> C D	84	<input checked="" type="radio"/> B C D
05	<input checked="" type="radio"/> B C D	25	A B C <input checked="" type="radio"/>	45	A B <input checked="" type="radio"/> D	65	A B C <input checked="" type="radio"/>	85	A B <input checked="" type="radio"/> D
06	<input checked="" type="radio"/> B C D	26	A B <input checked="" type="radio"/> D	46	<input checked="" type="radio"/> B C D	66	<input checked="" type="radio"/> B C D	86	<input checked="" type="radio"/> B C D
07	A <input checked="" type="radio"/> C D	27	A B C <input checked="" type="radio"/>	47	<input checked="" type="radio"/> B C D	67	<input checked="" type="radio"/> B C D	87	A B <input checked="" type="radio"/> D
08	<input checked="" type="radio"/> B C D	28	A <input checked="" type="radio"/> C D	48	A <input checked="" type="radio"/> C D	68	<input checked="" type="radio"/> B C D	88	A B <input checked="" type="radio"/> D
09	A B <input checked="" type="radio"/> D	29	A B <input checked="" type="radio"/> D	49	A B C <input checked="" type="radio"/>	69	A B <input checked="" type="radio"/> D	89	A B C <input checked="" type="radio"/>
10	A B <input checked="" type="radio"/> D	30	<input checked="" type="radio"/> B C D	50	A B <input checked="" type="radio"/> D	70	A <input checked="" type="radio"/> C D	90	<input checked="" type="radio"/> B C D
11	A B <input checked="" type="radio"/> D	31	A <input checked="" type="radio"/> C D	51	A B C <input checked="" type="radio"/>	71	A <input checked="" type="radio"/> C D	91	A B C <input checked="" type="radio"/>
12	<input checked="" type="radio"/> B C D	32	A B C <input checked="" type="radio"/>	52	A B C <input checked="" type="radio"/>	72	A B <input checked="" type="radio"/> D	92	A B C <input checked="" type="radio"/>
13	<input checked="" type="radio"/> B C D	33	A <input checked="" type="radio"/> C D	53	A B C <input checked="" type="radio"/>	73	<input checked="" type="radio"/> B C D	93	A B C <input checked="" type="radio"/>
14	<input checked="" type="radio"/> B C D	34	A B C <input checked="" type="radio"/>	54	<input checked="" type="radio"/> B C D	74	<input checked="" type="radio"/> B C D	94	<input checked="" type="radio"/> B C D
15	A B <input checked="" type="radio"/> D	35	A <input checked="" type="radio"/> C D	55	<input checked="" type="radio"/> B C D	75	A <input checked="" type="radio"/> C D	95	A B C <input checked="" type="radio"/>
16	<input checked="" type="radio"/> B C D	36	A <input checked="" type="radio"/> C D	56	A B C <input checked="" type="radio"/>	76	A <input checked="" type="radio"/> C D	96	A B <input checked="" type="radio"/> D
17	A B <input checked="" type="radio"/> D	37	A B <input checked="" type="radio"/> D	57	A B <input checked="" type="radio"/> D	77	A <input checked="" type="radio"/> C 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	A B C <input checked="" type="radio"/>
19	A <input checked="" type="radio"/> C D	39	<input checked="" type="radio"/> B C D	59	A B <input checked="" type="radio"/> D	79	A <input checked="" type="radio"/> C D	99	<input checked="" type="radio"/> B C D
20	<input checked="" type="radio"/> B C D	40	<input checked="" type="radio"/> B C D	60	<input checked="" type="radio"/> B C D	80	<input checked="" type="radio"/> B C D	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

