

SIDE - I

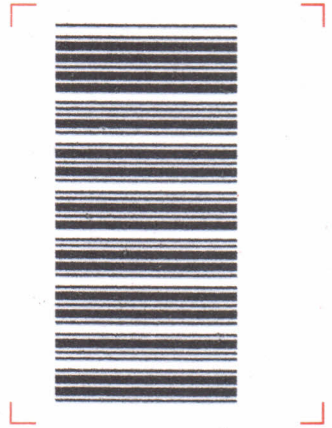
Answer Sheet No.  
00288

**ASSAM PUBLIC SERVICE COMMISSION**

(OMR ANSWER SHEET FOR THE POST OF  
ASST. ARCHITECT UNDER P.W. (BUILDING & NH) DEPARTMENT)

Centre Name: \_\_\_\_\_  
 Name of Venue: \_\_\_\_\_  
 Name of Subject: **ARCHITECTURE ENGINEERING**

Roll No.					Test Booklet No.					Series
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>C</b>
0	0	0	0	0	0	0	0	0	0	A
1	1	1	1	1	1	1	1	1	1	B
2	2	2	2	2	2	2	2	2	2	<input checked="" type="radio"/>
3	3	3	3	3	3	3	3	3	3	D
4	4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	9	



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

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

J0366