

ASSAM PUBLIC SERVICE COMMISSION

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

00407

Centre Name:	
Name of Venue:	
Name of Subject: GENERAL STUDIES	

Roll No.					Test Booklet No.					Series
□	□	□	□	□	□	□	□	□	□	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
0	0	0	0	0	0	0	0	0	0	Answer Sheet without marking Series shall not be evaluated.
1	1	1	1	1	1	1	1	1		
2	2	2	2	2	2	2	2	2		
3	3	3	3	3	3	3	3	3		
4	4	4	4	4	4	4	4	4		
5	5	5	5	5	5	5	5	5		
6	6	6	6	6	6	6	6	6		
7	7	7	7	7	7	7	7	7		
8	8	8	8	8	8	8	8	8		
9	9	9	9	9	9	9	9	9		



ANSWERS																								
01	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	21	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	41	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	61	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	81	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D	
02	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	22	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	42	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	62	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D	82	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D				
03	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	23	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	43	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	63	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	83	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C				
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06	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	26	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	46	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	66	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	86	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D				
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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