

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION
(OMR ANSWER SHEET FOR THE POST OF JUNIOR ENGINEER (CIVIL/MECH./ELECT.)
IN THE DIRECTORATE OF IWT, ASSAM UNDER TRANSPORT DEPTT.)

01884

Centre Name:

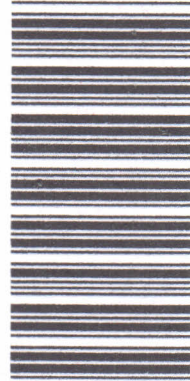
Name of Subject: **GENERAL STUDIES**

Roll No.				
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1	1	1	1	1
2	2	2	2	2
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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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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	<input checked="" type="radio"/> B C D	41	A B <input checked="" type="radio"/> D	61	A <input checked="" type="radio"/> C D	81	A <input checked="" type="radio"/> C D
02	A <input checked="" type="radio"/> C D	22	A B C <input checked="" type="radio"/>	42	A B <input checked="" type="radio"/> D	62	A B <input checked="" type="radio"/> D	82	A <input checked="" type="radio"/> C D
03	A <input checked="" type="radio"/> C D	23	A B <input checked="" type="radio"/> D	43	A B <input checked="" type="radio"/> D	63	A <input checked="" type="radio"/> C D	83	A B C <input checked="" type="radio"/>
04	<input checked="" type="radio"/> B C D	24	A B C <input checked="" type="radio"/>	44	<input checked="" type="radio"/> B C D	64	A B <input checked="" type="radio"/> D	84	A <input checked="" type="radio"/> C D
05	<input checked="" type="radio"/> B C D	25	A B <input checked="" type="radio"/> D	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	A B C <input checked="" type="radio"/>	26	A B C <input checked="" type="radio"/>	46	A B <input checked="" type="radio"/> D	66	A B C <input checked="" type="radio"/>	86	A B <input checked="" type="radio"/> D
07	A B C <input checked="" type="radio"/>	27	A <input checked="" type="radio"/> C D	47	A <input checked="" type="radio"/> C D	67	A <input checked="" type="radio"/> C D	87	<input checked="" type="radio"/> B C D
08	<input checked="" type="radio"/> B C D	28	A B C <input checked="" type="radio"/>	48	A B C <input checked="" type="radio"/>	68	<input checked="" type="radio"/> B C D	88	<input checked="" type="radio"/> B 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"/> D	69	A B <input checked="" type="radio"/> D	89	<input checked="" type="radio"/> B C D
10	A B <input checked="" type="radio"/> D	30	A B <input checked="" type="radio"/> D	50	A B <input checked="" type="radio"/> D	70	A <input checked="" type="radio"/> C D	90	A <input checked="" type="radio"/> C D
11	A <input checked="" type="radio"/> C D	31	<input checked="" type="radio"/> B C D	51	<input checked="" type="radio"/> B C D	71	A B <input checked="" type="radio"/> D	91	A B <input checked="" type="radio"/> D
12	A B <input checked="" type="radio"/> D	32	A <input checked="" type="radio"/> C D	52	A B C <input checked="" type="radio"/>	72	A B <input checked="" type="radio"/> D	92	A B <input checked="" type="radio"/> D
13	A B <input checked="" type="radio"/> D	33	A B <input checked="" type="radio"/> D	53	A <input checked="" type="radio"/> C D	73	A B <input checked="" type="radio"/> D	93	A <input checked="" type="radio"/> C D
14	A <input checked="" type="radio"/> C D	34	A B <input checked="" type="radio"/> D	54	A B C <input checked="" type="radio"/>	74	A B <input checked="" type="radio"/> D	94	A <input checked="" type="radio"/> C D
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16	<input checked="" type="radio"/> B C D	36	A B <input checked="" type="radio"/> D	56	A B <input checked="" type="radio"/> D	76	A B C <input checked="" type="radio"/>	96	A B <input checked="" type="radio"/> D
17	A <input checked="" type="radio"/> C D	37	A <input checked="" type="radio"/> C D	57	A B C <input checked="" type="radio"/>	77	<input checked="" type="radio"/> B C D	97	<input checked="" type="radio"/> B C D
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19	A <input checked="" type="radio"/> C D	39	A B C <input checked="" type="radio"/>	59	A B <input checked="" type="radio"/> D	79	A B <input checked="" type="radio"/> D	99	A <input checked="" type="radio"/> C D
20	A B <input checked="" type="radio"/> D	40	A <input checked="" type="radio"/> C D	60	<input checked="" type="radio"/> B C D	80	<input checked="" type="radio"/> B C D	100	A B C <input checked="" type="radio"/>

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