

ANSWER KEY

SIDE - I

Answer Sheet No.

ASSAM PUBLIC SERVICE COMMISSION

(OMR ANSWER SHEET FOR THE POST OF ASSTT. ENGINEER
(CIVIL/MECHANICAL) IN THE DIRECTORATE OF IWT, ASSAM UNDER TRANSPORT DEPTT.)

01688

Centre Name:

Name of Subject: **MECHANICAL ENGG.**

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
B
A
<input checked="" type="radio"/>
C
D

Answer Sheet
without
marking
Series shall
not be
evaluated.



ANSWERS									
01	A <input checked="" type="radio"/> C D	21	A <input checked="" type="radio"/> C D	41	A B <input checked="" type="radio"/> D	61	<input checked="" type="radio"/> B C D	81	A <input checked="" type="radio"/> C D
02	A B <input checked="" type="radio"/> D	22	A <input checked="" type="radio"/> C D	42	A <input checked="" type="radio"/> C D	62	A B C <input checked="" type="radio"/>	82	A B C <input checked="" type="radio"/>
03	<input checked="" type="radio"/> B C D	23	<input checked="" type="radio"/> B C D	43	A B <input checked="" type="radio"/> D	63	A B <input checked="" type="radio"/> D	83	A <input checked="" type="radio"/> C D
04	<input checked="" type="radio"/> B C D	24	<input checked="" type="radio"/> B C D	44	A <input checked="" type="radio"/> C D	64	A B C <input checked="" type="radio"/>	84	A B C <input checked="" type="radio"/>
05	A <input checked="" type="radio"/> C D	25	A B <input checked="" type="radio"/> D	45	A <input checked="" type="radio"/> C D	65	<input checked="" type="radio"/> B C D	85	A B C <input checked="" type="radio"/>
06	<input checked="" type="radio"/> B C D	26	A B <input checked="" type="radio"/> D	46	A B C <input checked="" type="radio"/>	66	<input checked="" type="radio"/> B C D	86	A B <input checked="" type="radio"/> D
07	A <input checked="" type="radio"/> C D	27	A B <input checked="" type="radio"/> D	47	A <input checked="" type="radio"/> C D	67	A B C <input checked="" type="radio"/>	87	<input checked="" type="radio"/> B C D
08	A B C <input checked="" type="radio"/>	28	<input checked="" type="radio"/> B C D	48	<input checked="" type="radio"/> B C D	68	A B C <input checked="" type="radio"/>	88	<input checked="" type="radio"/> B C D
09	A B <input checked="" type="radio"/> D	29	<input checked="" type="radio"/> B C D	49	A B <input checked="" type="radio"/> D	69	A <input checked="" type="radio"/> C D	89	<input checked="" type="radio"/> B C D
10	<input checked="" type="radio"/> B C 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 C <input checked="" type="radio"/>	31	A B <input checked="" type="radio"/> D	51	A B C <input checked="" type="radio"/>	71	<input checked="" type="radio"/> B C D	91	A <input checked="" type="radio"/> C D
12	A <input checked="" type="radio"/> C D	32	A <input checked="" type="radio"/> C D	52	A B <input checked="" type="radio"/> D	72	A B <input checked="" type="radio"/> D	92	<input checked="" type="radio"/> B C D
13	<input checked="" type="radio"/> B C D	33	A B C <input checked="" type="radio"/>	53	A B C <input checked="" type="radio"/>	73	<input checked="" type="radio"/> B C D	93	<input checked="" type="radio"/> B C D
14	<input checked="" type="radio"/> B C D	34	A <input checked="" type="radio"/> C D	54	A B <input checked="" type="radio"/> D	74	A B C <input checked="" type="radio"/>	94	A <input checked="" type="radio"/> C D
15	A B C <input checked="" type="radio"/>	35	<input checked="" type="radio"/> C D	55	A B C <input checked="" type="radio"/>	75	A B C <input checked="" type="radio"/>	95	<input checked="" type="radio"/> B C D
16	A <input checked="" type="radio"/> 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 C <input checked="" type="radio"/>
17	A B <input checked="" type="radio"/> D	37	A B <input checked="" type="radio"/> D	57	A <input checked="" type="radio"/> C D	77	A B C <input checked="" type="radio"/>	97	A B <input checked="" type="radio"/> D
18	<input checked="" type="radio"/> B C D	38	A B <input checked="" type="radio"/> D	58	A B C <input checked="" type="radio"/>	78	A B C <input checked="" type="radio"/>	98	A B C <input checked="" type="radio"/>
19	A <input checked="" type="radio"/> C D	39	A B <input checked="" type="radio"/> D	59	<input checked="" type="radio"/> B C D	79	<input checked="" type="radio"/> B C D	99	A B C <input checked="" type="radio"/>
20	A B <input checked="" type="radio"/> D	40	A <input checked="" type="radio"/> C D	60	A B <input checked="" type="radio"/> D	80	A B <input checked="" type="radio"/> 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

J0376