

OMR ANSWER SHEET

USE BLACK/BLUE BALL POINT PEN ONLY

Original copy

NAME OF THE CANDIDATE

FATHER'S NAME

SUBJECT NAME FOR Ph.D.

ANCIENT INDIAN HISTORY

Roll No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
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

Q. Booklet No.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
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

Paper Code			
5	3	2	0
0	0	0	0
1	1	1	1
2	2	0	2
3	0	0	3
4	4	4	4
5	0	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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

503012



OMR ANSWER SHEET NO.

1	A	<input checked="" type="radio"/>	C	D
2	A	<input checked="" type="radio"/>	C	D
3	A	B	<input checked="" type="radio"/>	D
4	A	B	C	<input checked="" type="radio"/>
5	A	B	<input checked="" type="radio"/>	D
6	A	B	<input checked="" type="radio"/>	D
7	A	<input checked="" type="radio"/>	C	D
8	<input checked="" type="radio"/>	B	C	D
9	A	B	<input checked="" type="radio"/>	D
10	A	B	<input checked="" type="radio"/>	D
11	A	<input checked="" type="radio"/>	C	D
12	A	<input checked="" type="radio"/>	C	D
13	A	B	C	<input checked="" type="radio"/>
14	A	B	<input checked="" type="radio"/>	D
15	A	B	C	<input checked="" type="radio"/>
16	<input checked="" type="radio"/>	B	C	D
17	A	B	C	<input checked="" type="radio"/>
18	A	B	<input checked="" type="radio"/>	D
19	<input checked="" type="radio"/>	B	C	D
20	A	B	<input checked="" type="radio"/>	D
21	A	B	<input checked="" type="radio"/>	D
22	A	B	C	<input checked="" type="radio"/>
23	A	B	<input checked="" type="radio"/>	D
24	A	B	C	<input checked="" type="radio"/>
25	A	<input checked="" type="radio"/>	C	D

26	A	<input checked="" type="radio"/>	C	D
27	A	B	C	<input checked="" type="radio"/>
28	<input checked="" type="radio"/>	B	C	D
29	A	B	<input checked="" type="radio"/>	D
30	A	B	<input checked="" type="radio"/>	D
31	<input checked="" type="radio"/>	B	C	D
32	<input checked="" type="radio"/>	B	C	D
33	A	B	C	<input checked="" type="radio"/>
34	<input checked="" type="radio"/>	B	C	D
35	A	B	C	<input checked="" type="radio"/>
36	A	B	<input checked="" type="radio"/>	D
37	A	B	<input checked="" type="radio"/>	D
38	A	B	<input checked="" type="radio"/>	D
39	A	<input checked="" type="radio"/>	C	D
40	A	B	<input checked="" type="radio"/>	D
41	A	B	<input checked="" type="radio"/>	D
42	A	B	<input checked="" type="radio"/>	D
43	A	B	<input checked="" type="radio"/>	D
44	A	B	<input checked="" type="radio"/>	D
45	<input checked="" type="radio"/>	B	C	D
46	A	<input checked="" type="radio"/>	C	D
47	<input checked="" type="radio"/>	B	C	D
48	A	B	C	<input checked="" type="radio"/>
49	<input checked="" type="radio"/>	B	C	D
50	A	B	C	<input checked="" type="radio"/>

51	A	B	C	<input checked="" type="radio"/>
52	A	B	C	<input checked="" type="radio"/>
53	<input checked="" type="radio"/>	B	C	D
54	<input checked="" type="radio"/>	B	C	D
55	A	<input checked="" type="radio"/>	C	D
56	<input checked="" type="radio"/>	B	C	D
57	A	B	C	<input checked="" type="radio"/>
58	A	<input checked="" type="radio"/>	C	D
59	A	B	C	<input checked="" type="radio"/>
60	<input checked="" type="radio"/>	B	C	D
61	A	B	<input checked="" type="radio"/>	D
62	<input checked="" type="radio"/>	B	C	D
63	A	B	C	<input checked="" type="radio"/>
64	A	<input checked="" type="radio"/>	C	D
65	<input checked="" type="radio"/>	B	C	D
66	A	B	C	<input checked="" type="radio"/>
67	A	<input checked="" type="radio"/>	C	D
68	<input checked="" type="radio"/>	B	C	D
69	A	B	<input checked="" type="radio"/>	D
70	A	<input checked="" type="radio"/>	C	D

Signature of the Candidate

Signature of the Invigilator with Date