

OMR ANSWER SHEET

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NAME OF THE CANDIDATE

FATHER'S NAME

PROGRAMME NAME / SUBJECT NAME

Social Work

Roll No.										Q. Booklet No.					Paper Code				Question Booklet Series	
															2 6 5 4				D	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	A	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B	
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	C	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7		
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		

01	A		C	D
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04	A		C	D
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07	A	B	C	
08	A		C	D
09	A	B	C	
10	A		C	D
11	A	B		D
12		B	C	D
13		B	C	D
14	A		C	D
15		B	C	D
16	A	B	C	
17	A		C	D
18	A	B		D
19	A	B	C	
20	A		C	D
21	A	B		D
22		B	C	D
23	A	B		D
24	A	B	C	
25	A	B		D
26	A	B	C	
27	A		C	D
28	A	B		D
29	A		C	D
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31	A	B	C	
32	A		C	D
33	A		C	D
34	A	B		D
35		B	C	D
36	A	B		D
37	A	B	C	
38	A		C	D
39	A	B		D
40		B	C	D
41	A	B	C	
42	A	B	C	
43	A	B		D
44	A		C	D
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47	A	B		D
48	A	B		D
49		B	C	D
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53	A		C	D
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59		B	C	D
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67	A	B		D
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71	A	B	C	
72		B	C	D
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89	A	B		D
90	A		C	D
91		B	C	D
92	A	B		D
93	A	B		D
94	A		C	D
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96	A		C	D
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OMR ANSWER SHEET NO.

Signature of the Candidate

Signature of the Invigilator with Date