



**TEST-OMR SHEET**

Student Name : \_\_\_\_\_

School Name & Address : \_\_\_\_\_

**SECTION : A**

<p><b>1. USE ONLY BLACK OR BLUE BALL POINT PEN</b></p> <p><b>2.</b> There is only one correct answer for each question. While marking your answer, darken the circle which is a correct answer, as shown in the example below:</p> <p><b>Correct way of marking the answer</b></p> <p style="text-align: center;">○ ○ ● ○</p> <p><b>Wrong way of marking the answer</b></p> <p>1 ● ○ ○ ○      2 ○ / ○ ○ ○</p> <p>3 ⊗ ○ ○ ○      4 ○ ● ○ ●</p> <p><b>3.</b> Please do not overwrite because it will be treated as wrong answer.</p> <p><b>4.</b> Please <b>DO NOT FOLD / TEAR OMR SHEET.</b></p>	<p><b>UDISE School Code</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>													0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	9	<p><b>Section</b></p> <p style="text-align: center;">□</p> <p>A ○</p> <p>B ○</p> <p>C ○</p> <p>D ○</p> <p>E ○</p> <p>F ○</p> <p>G ○</p> <p>H ○</p> <p>I ○</p> <p>J ○</p>	<p><b>Student ID</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
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**SECTION : B - Student Responses**

Q.No.	Responses	Q.No.	Responses	Q.No.	Responses	Q.No.	Responses	Q.No.	Responses
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3	1 2 3 4	15	1 2 3 4	27	1 2 3 4	39	1 2 3 4	51	1 2 3 4
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10	1 2 3 4	22	1 2 3 4	34	1 2 3 4	46	1 2 3 4	58	1 2 3 4
11	1 2 3 4	23	1 2 3 4	35	1 2 3 4	47	1 2 3 4	59	1 2 3 4
12	1 2 3 4	24	1 2 3 4	36	1 2 3 4	48	1 2 3 4	60	1 2 3 4

**CWSN:** None - No disability ; LD- Locomotor Disability ; VI - Visual Impairment ;  
 HI- Hearing Impairment; S&LD- Speech & Language Disability;  
 ID-Intellectual Disability;OthD- Other Disabilities.

Signature of FI