

**Section A: Entries to be filled in by Field Investigator**

School Name : \_\_\_\_\_

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

<ul style="list-style-type: none"> <li>• USE ONLY BLACK OR BLUE BALL POINT PEN</li> <li>• DO NOT USE INK / GEL PEN</li> </ul> <p>1. There is only one correct answer for each question. While marking your answer, darken the circle which is correct answer, as shown in the example below:  <b>Correct way of marking the answer</b>  <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/></p> <p><b>Wrong way of marking the answer</b>  <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/></p> <p>2. Please do not overwrite because it will be treated as wrong answer.                  3. Please <b>DO NOT FOLD / TEAR OMR SHEET.</b></p>	<b>UDISE School Code</b> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </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	<b>Date of Birth</b> <table border="1"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>	D	D	M	M	Y	Y	0	0	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9
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<b>Section B: Responses to be filled in by Student</b>									
Q.No.	Responses	Q.No.	Responses	Q.No.	Responses	Q.No.	Responses	Q.No.	Responses
1	(1) (2) (3) (4)	13	(1) (2) (3) (4)	25	(1) (2) (3) (4)	37	(1) (2) (3) (4)	49	(1) (2) (3) (4)
2	(1) (2) (3) (4)	14	(1) (2) (3) (4)	26	(1) (2) (3) (4)	38	(1) (2) (3) (4)	50	(1) (2) (3) (4)
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)
4	(1) (2) (3) (4)	16	(1) (2) (3) (4)	28	(1) (2) (3) (4)	40	(1) (2) (3) (4)	52	(1) (2) (3) (4)
5	(1) (2) (3) (4)	17	(1) (2) (3) (4)	29	(1) (2) (3) (4)	41	(1) (2) (3) (4)	53	(1) (2) (3) (4)
6	(1) (2) (3) (4)	18	(1) (2) (3) (4)	30	(1) (2) (3) (4)	42	(1) (2) (3) (4)	54	(1) (2) (3) (4)
7	(1) (2) (3) (4)	19	(1) (2) (3) (4)	31	(1) (2) (3) (4)	43	(1) (2) (3) (4)	55	(1) (2) (3) (4)
8	(1) (2) (3) (4)	20	(1) (2) (3) (4)	32	(1) (2) (3) (4)	44	(1) (2) (3) (4)	56	(1) (2) (3) (4)
9	(1) (2) (3) (4)	21	(1) (2) (3) (4)	33	(1) (2) (3) (4)	45	(1) (2) (3) (4)	57	(1) (2) (3) (4)
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: LD- Locomotor Disability; VI - Visual Impairment; HI- Hearing Impairment;

S&LD- Speech & Language Disability; ID-Intellectual Disability;

OthD- Other Disabilities.

Investigator's Sign.