SAMPLE - OMR SHEET

Booklet | **Test Code** | **Batch** | **Roll Number**

Booklet	Test Code	Batch	Roll Number
A	0 0 0 0	S	0 0 0 0 0 0
B	1 1 1 1	V	1 1 1 1 1 1
C	2 2 2 2	A	2 2 2 2 2 2
D	3 3 3 3	C	3 3 3 3 3 3
E	4 4 4 4		4 4 4 4 4 4
F	5 5 5 5		5 5 5 5 5 5
G	6 6 6 6		6 6 6 6 6 6
H	7 7 7 7		7 7 7 7 7 7
I	8 8 8 8		8 8 8 8 8 8
J	9 9 9 9		9 9 9 9 9 9

Name

Test Date

Student's Signature

Invigilator's Signature

Certified that all the entries in this section have been property filled by the student

The OMR Sheet will be computer checked. Fill the circles completely and dark enough for proper detection. Use Dark HB pencil or ballpen (black or blue) for marking. While erasing, erase properly.

Partially Field | Lightly Filled | Tick Marked | Cross Marked

Section A

01	A	B	C	D	05	A	B	C	D
02	A	B	C	D	06	A	B	C	D
03	A	B	C	D	07	A	B	C	D
04	A	B	C	D	08	A	B	C	D

Section B

01	A	B	C	D	06	A	B	C	D
02	A	B	C	D	07	A	B	C	D
03	A	B	C	D	08	A	B	C	D
04	A	B	C	D	09	A	B	C	D
05	A	B	C	D	10	A	B	C	D

Section C

01	A	B	C	D	05	A	B	C	D
02	A	B	C	D	06	A	B	C	D
03	A	B	C	D	07	A	B	C	D
04	A	B	C	D	08	A	B	C	D

Section D

1(A)	P	Q	R	S	2(A)	P	Q	R	S
(B)	P	Q	R	S	(B)	P	Q	R	S
(C)	P	Q	R	S	(C)	P	Q	R	S
(D)	P	Q	R	S	(D)	P	Q	R	S

Section E

01	+	−	02	+	−	03	+	−
	+	-		+	-		+	-
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
.	.	.	.	.	.	.	.	.

04	+	−	05	+	−	06	+	−
	+	-		+	-		+	-
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
.	.	.	.	.	.	.	.	.

07	+	−	08	+	−	09	+	−
	+	-		+	-		+	-
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
.	.	.	.	.	.	.	.	.

Note : The above sample is the tentative sample, for Practice purpose only