

FILL YOUR CATEGORY

Gen : General
 SC : Schedule Caste
 ST : Scheduled Tribe
 OBC: Other Backward Class
 Delhi /Outside

FILL YOUR SUB CATEGORY:

OH : Orthopedically Handicapped
 VH: Visually Handicapped
 VI: Visually Impaired
 DD: Deaf & Dumb
 Ex Service Man
 Sports Person
 Government Servant

FILL YOUR ROLL NUMBER

**BEFORE FILLING UP THE ANSWER SHEET BELOW
 PLEASE READ THE INSTRUCTIONS CAREFULLY GIVEN ON THE BACK PAGE**

USE ONLY BLUE/BLACK BALL POINT PEN

अनुक्रमांक Roll Number	वर्ग Category	प्रश्न पुस्तिका संख्या Question Booklet No.	प्रश्न पुस्तिका क्रम Question Booklet Series	उत्तर पत्रिका संख्या Answer Sheet No.
1 2 3 4 5 6 7 0	GEN <input type="radio"/> SC <input type="radio"/> ST <input checked="" type="radio"/> OBC (Delhi) <input type="radio"/> OBC (Outside) <input type="radio"/> SUB CATEGORY OH <input checked="" type="radio"/> VH / VI <input type="radio"/> DD <input type="radio"/> EX-SERVICE MAN <input type="radio"/> SPORTSPERSON <input type="radio"/> GOVT.SERVANT <input type="radio"/>	9 8 7 6 5 4	A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> D <input type="radio"/>	
			लिंग / Gender MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>	

CORRECT METHOD OF FILLING MULTIPLE CHOICE ANSWERS. (✓)

WRONG METHODS (X)

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