



Section A: Entries to be filled in by Field Investigator

School Name :

Student Name :

<p>• USE ONLY BLACK OR BLUE BALL POINT PEN</p> <p>• DO NOT USE INK / GEL PEN</p> <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:</p> <p>Correct way of marking the answer</p> <p><input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/></p> <p>Wrong way of marking the answer</p> <p><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.</p> <p>3. Please DO NOT FOLD / TEAR OMR SHEET.</p>	<p>UDISE School Code</p> <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	<p>Date of Birth</p> <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></td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td></td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td></td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td></td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td></td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td></td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td></td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td></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	3	3		3	3	3	4		4	4	4	4	5		5	5	5	5	6		6	6	6	6	7		7	7	7	7	8		8	8	8	8	9		9	9	9	9
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<p>Area Code</p> <p>Rural ①</p> <p>Urban ②</p>	<p>School Management</p> <p>Govt. ①</p> <p>Aided ②</p>	<p>Gender</p> <p>Boy ①</p> <p>Girl ②</p>	<p>Test Form</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td>8</td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>			8	1		2
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Section B: Responses to be filled in by Student									
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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.

Invigilator's Sign.

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यह OMR SHEET SAMPAL SHEET है। यह शीट केवल अभ्यास के लिए है। परीक्षा में आने वाली शीट इससे भिन्न हो सकती है।

SAMPAL SHEET BY VIVEK JAIN GUPS, MAJHOLA