

To be filled in by the candidate: _____

Name of the Candidate (IN CAPITAL LETTERS) :-

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Roll No.

.....

Signature of the Candidate

Q No	Answer	M	S	Q No	Answer	M	S	Q No	Answer	M	S	Q No	Answer	M	S
1	A			21	D			41	A			61	B		
2	D			22	C			42	D			62	A		
3	D			23	B			43	C			63	D		
4	D			24	C			44	B			64	D		
5	C			25	C			45	A			65	C		
6	B			26	C			46	C			66	A		
7	B			27	C			47	D			67	A		
8	C			28	C			48	D			68	A		
9	C			29	C			49	B			69	B		
10	B			30	D			50	D			70	D		
11	D			31	D			51	D			71	A		
12	A			32	C			52	A			72	B		
13	B			33	A			53	D			73	D		
14	B			34	D			54	A			74	B		
15	D			35	C			55	A			75	D		
16	C			36	A			56	D			76	A		
17	C			37	B			57	B			77	B		
18	A			38	C			58	C			78	D		
19	A			39	A			59	A			79	C		
20	A			40	A			60	B			80	B		

For office use only: _____

Answer Type	No.	Calculator	Marks
Correct		x 3	
Not attempted		x 0	
Incorrect		x -1	
Total			

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Invigilator

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Scrutinizer

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Co-ordinator