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|--|--|--|--|--|--|---|--|--|--|--|--|
| NAME OF THE EXAMINATION _____ | | | | | | | | | | | |
| ROLL NUMBER | | | | | | QUESTION BOOKLET NUMBER | | | TOTAL OF NUMBER ATTEMPTED | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 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 ⑩ ⑩ ⑩ ⑩ ⑩ ⑩ | | | | | | QUESTION BOOKLET SERIES (To be filled by candidate) | | | ONLY FOR MOCK TEST | | |
| | | | | | | <input type="checkbox"/> A B C D | | | | | |
| | | | | | | SUBJECT CODE | | | CANDIDATE'S SIGNATURE (SIGN WITHIN BOX ONLY) | | |
| | | | | | | <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |

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|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 106 | 1 | 2 | 3 | 4 | 141 | 1 | 2 | 3 | 4 | 176 | 1 | 2 | 3 | 4 | |
| ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ |

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| 16 | 17 | 18 | 19 | 20 | 51 | 52 | 53 | 54 | 55 | 86 | 87 | 88 | 89 | 90 | 121 | 122 | 123 | 124 | 125 | 156 | 157 | 158 | 159 | 160 | 191 | 192 | 193 | 194 | 195 |
| ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ |

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| 26 | 27 | 28 | 29 | 30 | 61 | 62 | 63 | 64 | 64 | 96 | 97 | 98 | 99 | 100 | 131 | 132 | 133 | 134 | 135 | 166 | 167 | 168 | 169 | 170 | To be filled by INVIGILATOR only QUESTION BOOKLET SERIES Answer sheet is based on memory Hence Representative & not exact INVIGILATOR SIGNATURE | | | |
| ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | | | | |

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| 31 | 32 | 33 | 34 | 35 | 66 | 67 | 68 | 69 | 70 | 101 | 102 | 103 | 104 | 105 | 136 | 137 | 138 | 139 | 140 | 171 | 172 | 173 | 174 | 175 |
| ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ | ① ② ③ ④ |

