

**I A P T - 2017**

**OMR ANSWER SHEET**

**ORIGINAL COPY**

1. IS YOUR NAME SPELT CORRECTLY ON THE HALL TICKET ?

Yes  No

2. STUDENT'S NAME (Leave a box blank between each part of the name). USE ENGLISH CAPITAL LETTERS ONLY.

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3. IS YOUR DATE OF BIRTH PROVIDED CORRECTLY ON THE HALL TICKET ?

Yes  No

4. DATE OF BIRTH

D	D	/	M	M	/	Y	Y	Y	Y
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5. ROLL NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A	A	S	D	D	D	D	D	D	D	D	D
B	B	T	T	T	T	T	T	T	T	T	T
C	C	7	7	7	7	7	7	7	7	7	7
D	D	3	3	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9	9	9

6. QP CODE

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P	D	D	D
C	1	1	1
E	2	2	2
A	3	3	3
	4	4	4
	5	5	5
	6	6	6
	7	7	7
	8	8	8
	9	9	9

**INSTRUCTIONS FOR MARKING**

READ THE DETAILED INSTRUCTIONS GIVEN ON THE QUESTION BOOKLET BEFORE MARKING THE OMR SHEET.

1. MARKING SHOULD BE DARK AND COMPLETE. FILL USING BLUE/BLACK BALL POINT PEN ONLY AS SHOWN BELOW.

WRONG	WRONG	WRONG	CORRECT
<input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (D)	<input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (D)	<input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (D)	<input type="radio"/> (A) <input type="radio"/> (B) <input type="radio"/> (C) <input type="radio"/> (D)

- MARK YOUR ANSWER ONLY IN THE APPROPRIATE SPACE.
- ANY STRAY MARKING / TAMPERING WITH THE ANSWER SHEET WOULD BE TREATED AS MALPRACTICE.
- USE OF WHITENER IS NOT ALLOWED.
- INCOMPLETE / INCORRECT / CARELESSLY FILLED INFORMATION MAY DISQUALIFY YOUR CANDIDATURE.

7. STATE IN WHICH I AM A STUDENT

M	M	AN	JK	RJ
N	N	AP	JH	SK
O	O	AR	KA	TN
P	P	AS	KL	TS
Q	Q	BH	LD	TR
R	R	CH	MP	UP
S	S	CT	MH	UT
T	T	DN	MN	WB
U	U	DD	ME	
V	V	DL	MI	
W	W	GA	NL	
X	X	GJ	OR	
Y	Y	HR	PY	
Z	Z	HP	PB	

8. NAME OF THE INSTITUTION IN WHICH YOU ARE STUDYING

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**DECLARATION**

The information provided above are true and if found incorrect, I may be disqualified.

STUDENT'S SIGNATURE

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INVIGILATOR'S SIGNATURE

SHEET NO.

**MARK YOUR ANSWERS**

Q. No.	Answers
1	A B C D
2	A B C D
3	A B C D
4	A B C D
5	A B C D
6	A B C D
7	A B C D
8	A B C D
9	A B C D
10	A B C D
11	A B C D
12	A B C D
13	A B C D
14	A B C D
15	A B C D
16	A B C D
17	A B C D
18	A B C D
19	A B C D
20	A B C D

Q. No.	Answers
21	A B C D
22	A B C D
23	A B C D
24	A B C D
25	A B C D
26	A B C D
27	A B C D
28	A B C D
29	A B C D
30	A B C D
31	A B C D
32	A B C D
33	A B C D
34	A B C D
35	A B C D
36	A B C D
37	A B C D
38	A B C D
39	A B C D
40	A B C D

Q. No.	Answers
41	A B C D
42	A B C D
43	A B C D
44	A B C D
45	A B C D
46	A B C D
47	A B C D
48	A B C D
49	A B C D
50	A B C D
51	A B C D
52	A B C D
53	A B C D
54	A B C D
55	A B C D
56	A B C D
57	A B C D
58	A B C D
59	A B C D
60	A B C D

Q. No.	Answers
61	A B C D
62	A B C D
63	A B C D
64	A B C D
65	A B C D
66	A B C D
67	A B C D
68	A B C D
69	A B C D
70	A B C D
71	A B C D
72	A B C D
73	A B C D
74	A B C D
75	A B C D
76	A B C D
77	A B C D
78	A B C D
79	A B C D
80	A B C D