

## Instructions to candidates for filling up the OMR answer sheet.

Examples for Filling up the Roll No. in the OMR sheet

ROLL NO.

1	2	4	5
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- |    |                                  |                                  |                                  |                                  |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. | <input checked="" type="radio"/> | <input type="radio"/> 1          | <input type="radio"/> 1          | <input type="radio"/> 1          |
| 2. | <input type="radio"/> 2          | <input checked="" type="radio"/> | <input type="radio"/> 2          | <input type="radio"/> 2          |
| 3. | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          |
| 4. | <input type="radio"/> 4          | <input type="radio"/> 4          | <input checked="" type="radio"/> | <input type="radio"/> 4          |
| 5. | <input type="radio"/> 5          | <input type="radio"/> 5          | <input type="radio"/> 5          | <input checked="" type="radio"/> |
| 6. | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          |
| 7. | <input type="radio"/> 7          | <input type="radio"/> 7          | <input type="radio"/> 7          | <input type="radio"/> 7          |
| 8. | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          |
| 9. | <input type="radio"/> 9          | <input type="radio"/> 9          | <input type="radio"/> 9          | <input type="radio"/> 9          |
| 0. | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          |

ROLL NO.

2	0	9	7
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- |    |                                  |                                  |                                  |                                  |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. | <input type="radio"/>            | <input type="radio"/> 1          | <input type="radio"/> 1          | <input type="radio"/> 1          |
| 2. | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> 2          | <input type="radio"/> 2          |
| 3. | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          |
| 4. | <input type="radio"/> 4          | <input type="radio"/> 4          | <input type="radio"/>            | <input type="radio"/> 4          |
| 5. | <input type="radio"/> 5          | <input type="radio"/> 5          | <input type="radio"/> 5          | <input type="radio"/>            |
| 6. | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          |
| 7. | <input type="radio"/> 7          | <input type="radio"/> 7          | <input type="radio"/> 7          | <input checked="" type="radio"/> |
| 8. | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          |
| 9. | <input type="radio"/> 9          | <input type="radio"/> 9          | <input checked="" type="radio"/> | <input type="radio"/> 9          |
| 0. | <input type="radio"/> 0          | <input checked="" type="radio"/> | <input type="radio"/> 0          | <input type="radio"/> 0          |

ROLL NO.

3	5	7	6
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- |    |                                  |                                  |                                  |                                  |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. | <input type="radio"/>            | <input type="radio"/> 1          | <input type="radio"/> 1          | <input type="radio"/> 1          |
| 2. | <input type="radio"/> 2          | <input type="radio"/>            | <input type="radio"/> 2          | <input type="radio"/> 2          |
| 3. | <input checked="" type="radio"/> | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          |
| 4. | <input type="radio"/> 4          | <input type="radio"/> 4          | <input type="radio"/>            | <input type="radio"/> 4          |
| 5. | <input type="radio"/> 5          | <input checked="" type="radio"/> | <input type="radio"/> 5          | <input type="radio"/>            |
| 6. | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          | <input checked="" type="radio"/> |
| 7. | <input type="radio"/> 7          | <input type="radio"/> 7          | <input checked="" type="radio"/> | <input type="radio"/> 7          |
| 8. | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          |
| 9. | <input type="radio"/> 9          | <input type="radio"/> 9          | <input type="radio"/> 9          | <input type="radio"/> 9          |
| 0. | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          |

ROLL NO.

3	9	7	6
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- |    |                                  |                                  |                                  |                                  |
|----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. | <input type="radio"/>            | <input type="radio"/> 1          | <input type="radio"/> 1          | <input type="radio"/> 1          |
| 2. | <input type="radio"/> 2          | <input type="radio"/>            | <input type="radio"/> 2          | <input type="radio"/> 2          |
| 3. | <input checked="" type="radio"/> | <input type="radio"/> 3          | <input type="radio"/> 3          | <input type="radio"/> 3          |
| 4. | <input type="radio"/> 4          | <input type="radio"/> 4          | <input type="radio"/>            | <input type="radio"/> 4          |
| 5. | <input type="radio"/> 5          | <input type="radio"/>            | <input type="radio"/> 5          | <input type="radio"/>            |
| 6. | <input type="radio"/> 6          | <input type="radio"/> 6          | <input type="radio"/> 6          | <input checked="" type="radio"/> |
| 7. | <input type="radio"/> 7          | <input type="radio"/> 7          | <input checked="" type="radio"/> | <input type="radio"/> 7          |
| 8. | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          | <input type="radio"/> 8          |
| 9. | <input type="radio"/> 9          | <input checked="" type="radio"/> | <input type="radio"/> 9          | <input type="radio"/> 9          |
| 0. | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          | <input type="radio"/> 0          |

Candidates appearing for B.Sc(Nursing), RIT, OOT, MLT, B. Pharm, should answer either Biology or Mathematics, not both. They should put check mark in the appropriate boxes

Biology  OR Mathematics

Example:

Biology  OR Mathematics

### INSTRUCTION FOR FILLING THE SHEET

1. This sheet should not be folded or crushed.
2. Use only blue/black ball point pen to fill the circles.
3. Use of pencil is strictly prohibited.
4. Circles should be darkened completely and properly.
5. Cutting and erasing on this sheet is not allowed.
6. Do not use any stray marks on the sheet.
7. Do not use marker or white fluid to hide the mark.

WRONG METHODS      CORRECT METHOD

