

All entries to be filled in by Field Investigator

School Name :

Student Name :

<ul style="list-style-type: none"> • USE ONLY BLACK OR BLUE BALL POINT PEN • DO NOT USE INK / GEL PEN <p>1. While transferring responses from test booklet to OMR sheet, please darken the circles as marked by the student in test booklet.</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> </td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td> </td><td> </td><td>3</td><td>3</td></tr> <tr><td>4</td><td> </td><td> </td><td> </td><td>4</td><td>4</td></tr> <tr><td>5</td><td> </td><td> </td><td> </td><td>5</td><td>5</td></tr> <tr><td>6</td><td> </td><td> </td><td> </td><td>6</td><td>6</td></tr> <tr><td>7</td><td> </td><td> </td><td> </td><td>7</td><td>7</td></tr> <tr><td>8</td><td> </td><td> </td><td> </td><td>8</td><td>8</td></tr> <tr><td>9</td><td> </td><td> </td><td> </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	3	3			3	3	4				4	4	5				5	5	6				6	6	7				7	7	8				8	8	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>3</td><td>1</td></tr> <tr><td> </td><td>2</td></tr> </table>			3	1		2
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2	(A) (B) (C) (D)	12	(A) (B) (C) (D)	22	(A) (B) (C) (D)	32	(A) (B) (C) (D)	42	(A) (B) (C) (D)
3	(A) (B) (C) (D)	13	(A) (B) (C) (D)	23	(A) (B) (C) (D)	33	(A) (B) (C) (D)	43	(A) (B) (C) (D)
4	(A) (B) (C) (D)	14	(A) (B) (C) (D)	24	(A) (B) (C) (D)	34	(A) (B) (C) (D)	44	(A) (B) (C) (D)
5	(A) (B) (C) (D)	15	(A) (B) (C) (D)	25	(A) (B) (C) (D)	35	(A) (B) (C) (D)	45	(A) (B) (C) (D)
6	(A) (B) (C) (D)	16	(A) (B) (C) (D)	26	(A) (B) (C) (D)	36	(A) (B) (C) (D)		
7	(A) (B) (C) (D)	17	(A) (B) (C) (D)	27	(A) (B) (C) (D)	37	(A) (B) (C) (D)		
8	(A) (B) (C) (D)	18	(A) (B) (C) (D)	28	(A) (B) (C) (D)	38	(A) (B) (C) (D)		
9	(A) (B) (C) (D)	19	(A) (B) (C) (D)	29	(A) (B) (C) (D)	39	(A) (B) (C) (D)		
10	(A) (B) (C) (D)	20	(A) (B) (C) (D)	30	(A) (B) (C) (D)	40	(A) (B) (C) (D)		

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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