



Section A: Entries to be filled in by Field Investigator

School Name :

Student Name :

<p>• USE ONLY BLACK OR BLUE BALL POINT PEN</p> <p>• DO NOT USE INK / GEL PEN</p> <p>1. There is only one correct answer for each question. While marking your answer, darken the circle which is correct answer, as shown in the example below:</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>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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>	D	D	M	M	Y	Y	0	0	0	0	0	0	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
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Section B: Responses to be filled in by Student

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2	1 2 3 4	14	1 2 3 4	26	1 2 3 4	38	1 2 3 4	50	1 2 3 4
3	1 2 3 4	15	1 2 3 4	27	1 2 3 4	39	1 2 3 4	51	1 2 3 4
4	1 2 3 4	16	1 2 3 4	28	1 2 3 4	40	1 2 3 4	52	1 2 3 4
5	1 2 3 4	17	1 2 3 4	29	1 2 3 4	41	1 2 3 4	53	1 2 3 4
6	1 2 3 4	18	1 2 3 4	30	1 2 3 4	42	1 2 3 4	54	1 2 3 4
7	1 2 3 4	19	1 2 3 4	31	1 2 3 4	43	1 2 3 4	55	1 2 3 4
8	1 2 3 4	20	1 2 3 4	32	1 2 3 4	44	1 2 3 4	56	1 2 3 4
9	1 2 3 4	21	1 2 3 4	33	1 2 3 4	45	1 2 3 4	57	1 2 3 4
10	1 2 3 4	22	1 2 3 4	34	1 2 3 4	46	1 2 3 4	58	1 2 3 4
11	1 2 3 4	23	1 2 3 4	35	1 2 3 4	47	1 2 3 4	59	1 2 3 4
12	1 2 3 4	24	1 2 3 4	36	1 2 3 4	48	1 2 3 4	60	1 2 3 4

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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