

STUDENT EVALUATION FORM

GUNOTSAV 2022

Side - 1

Please see Instructions for filling up OMR Sheet on the Back Side (Side -2)

Question Booklet Series <input type="text"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/>	Day <input type="text"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	Medium (Darken the circle which is applicable) <input type="text"/> Assamese <input type="radio"/> English <input type="radio"/> Bodo <input type="radio"/> Manipuri <input type="radio"/> Hindi <input type="radio"/> Garo <input type="radio"/> Bengali <input type="radio"/>	District : Block: Cluster : School Code : School Name : Student Code/ID : Student Name :
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MCQ (To be filled up by Student)

1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	29 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	57 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	85 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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Important Instruction:
Before signing please make sure that the candidate has filled up his/her Question Booklet Series and Date

Name & Signature of Teacher (Inside the box only)

Important Instruction:
Before signing please make sure that the candidate has filled up his/her Question Booklet Series and Date

Name & Signature of External Evaluator (Inside the box only)