



HAS OMR SHEET (GS/CSAT)

NAME.....

DATE OF BIRTH.....

MOBILE NO.....

TEST DATE...../...../.....TEST NO.....

CENTER CODE.....

HAS Registration No. (If Any).....

INSTRUCTIONS FOR FILLING THE OMR 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 pencils 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 this sheet.
7. Do not use marker or white fluid to hide the mark.

Candidate Sign

Invigilator Sign

WRONG METHOD

CORRECT METHOD



	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D	
1					26					51					76					101					126
2					27					52					77					102					127
3					28					53					78					103					128
4					29					54					79					104					129
5					30					55					80					105					130
6					31					56					81					106					131
7					32					57					82					107					132
8					33					58					83					108					133
9					34					59					84					109					134
10					35					60					85					110					135
11					6					61					86					111					136
12					7					62					87					112					137
13					8					63					88					113					138
14					9					64					89					114					139
15					0					65					90					115					140
16					41					66					91					116					141
17					42					67					92					117					142
18					43					68					93					118					143
19					44					69					94					119					144
20					45					70					95					120					145
21					46					71					96					121					146
22					47					72					97					122					147
23					48					73					98					123					148
24					49					74					99					124					149
25					50					75					100					125					150