

**COMBINED ENTRANCE EXAMINATION - 2026**

**USE BLACK INK BALL PEN ONLY**

Roll Number :

Question Booklet Series Code:

Left Hand Thumb Impression

Question Booklet No. :

**INSTRUCTIONS FOR FILLING THE OMR**

- 1) Use only Black Ink Ball-Point Pen to darken the circle.
- 2) Completely darken the CIRCLE against the answer of the question as shown in example below. Correctly darkened answer will be counted as invalid.
- 3) Answer once darkened cannot be changed/erased. Overwriting or scratching will be counted as invalid.
- 4) Write only in the spaces provided. Please do not make any stray marks on the OMR Sheet.
- 5) Rough work must not be done on the OMR sheet.
- 6) Do not fold, tear, wrinkle or staple this OMR sheet.
- 7) Candidates will be solely responsible for any entry made by them on the OMR sheet.
- 8) Darken your answer only in the appropriate space against the number corresponding to the question you are answering.
- 9) Darken your answer like this : 

|   |   |   |   |
|---|---|---|---|
| A | B | C | D |
|---|---|---|---|

|              |              |              |              |
|--------------|--------------|--------------|--------------|
| <del>0</del> | <del>1</del> | <del>2</del> | <del>3</del> |
|--------------|--------------|--------------|--------------|
- 10) Multiple answers will be counted as wrong answer.

**EXAMPLE HOW TO FILL AND MARK ON SIDE - 2**

If your Question Booklet Series Code is **260684**, fill in as shown below :

| Question Booklet Series Code |   |   |   |                                  |
|------------------------------|---|---|---|----------------------------------|
| 2                            | 6 | 0 | 6 | 8                                |
| A                            | B | C | D | <input checked="" type="radio"/> |

If your Question Booklet No. is **260684**, fill in as shown below :

| Question Booklet No.             |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 2                                | 6                                | 0                                | 6                                | 8                                | 4                                |
| <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| <input type="radio"/>            |
| <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| <input type="radio"/>            | <input checked="" type="radio"/> |
| <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            |
| <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| <input type="radio"/>            |
| <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| <input type="radio"/>            |

If your Response to Question No. **59** is **(A)**, Please Darken as shown below :

|      |  |
|------|--|
| Q.No | Response   |
| 59   | <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**IMPORTANT INSTRUCTION** : Before Signing please make sure that the candidate has filled his/her Roll Number, Question Booklet Series Code, Question Booklet No., Candidates Left Thumb impression & his/her signature with date on the OMR SHEET SIDE-1 and Question Booklet Series Code & Question Booklet No. on the OMR SHEET SIDE-2

FULL SIGNATURE OF THE CANDIDATE WITH DATE

NAME AND FULL SIGNATURE OF THE INVIGILATOR WITH DATE

|                         |   |   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|-------------------------|---|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>ROLL NUMBER</b>      | <b>Barcode</b>  | <b>QUESTION BOOKLET NO.</b>   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   | <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         |   |   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | <b>OMR SHEET NO.</b>  | <table style="width: 100%; text-align: center;"> <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> | 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 |
| 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                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | <b>Candidate's Name</b>   |   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | <b>Question Booklet Series Code</b>   |   |                         |   |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                         | <table style="width: 100%;"> <tr> <td style="width: 20%;">A <input type="radio"/></td> <td style="width: 20%;">B <input type="radio"/></td> <td style="width: 20%;">C <input type="radio"/></td> <td style="width: 20%;">D <input type="radio"/></td> <td style="width: 20%; text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> </table> | A <input type="radio"/>   | B <input type="radio"/> | C <input type="radio"/>                                 | D <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| A <input type="radio"/> | B <input type="radio"/>   | C <input type="radio"/>   | D <input type="radio"/> | <input style="width: 30px; height: 20px;" type="text"/> |                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

# ANSWERS

|    | A | B | C | D |    | A | B | C | D |    | A | B | C | D |     | A | B | C | D |     |   |   |   |   |
|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|-----|---|---|---|---|-----|---|---|---|---|
| 1  | A | B | C | D | 26 | A | B | C | D | 51 | A | B | C | D | 76  | A | B | C | D | 101 | A | B | C | D |
| 2  | A | B | C | D | 27 | A | B | C | D | 52 | A | B | C | D | 77  | A | B | C | D | 102 | A | B | C | D |
| 3  | A | B | C | D | 28 | A | B | C | D | 53 | A | B | C | D | 78  | A | B | C | D | 103 | A | B | C | D |
| 4  | A | B | C | D | 29 | A | B | C | D | 54 | A | B | C | D | 79  | A | B | C | D | 104 | A | B | C | D |
| 5  | A | B | C | D | 30 | A | B | C | D | 55 | A | B | C | D | 80  | A | B | C | D | 105 | A | B | C | D |
| 6  | A | B | C | D | 31 | A | B | C | D | 56 | A | B | C | D | 81  | A | B | C | D | 106 | A | B | C | D |
| 7  | A | B | C | D | 32 | A | B | C | D | 57 | A | B | C | D | 82  | A | B | C | D | 107 | A | B | C | D |
| 8  | A | B | C | D | 33 | A | B | C | D | 58 | A | B | C | D | 83  | A | B | C | D | 108 | A | B | C | D |
| 9  | A | B | C | D | 34 | A | B | C | D | 59 | A | B | C | D | 84  | A | B | C | D | 109 | A | B | C | D |
| 10 | A | B | C | D | 35 | A | B | C | D | 60 | A | B | C | D | 85  | A | B | C | D | 110 | A | B | C | D |
| 11 | A | B | C | D | 36 | A | B | C | D | 61 | A | B | C | D | 86  | A | B | C | D | 111 | A | B | C | D |
| 12 | A | B | C | D | 37 | A | B | C | D | 62 | A | B | C | D | 87  | A | B | C | D | 112 | A | B | C | D |
| 13 | A | B | C | D | 38 | A | B | C | D | 63 | A | B | C | D | 88  | A | B | C | D | 113 | A | B | C | D |
| 14 | A | B | C | D | 39 | A | B | C | D | 64 | A | B | C | D | 89  | A | B | C | D | 114 | A | B | C | D |
| 15 | A | B | C | D | 40 | A | B | C | D | 65 | A | B | C | D | 90  | A | B | C | D | 115 | A | B | C | D |
| 16 | A | B | C | D | 41 | A | B | C | D | 66 | A | B | C | D | 91  | A | B | C | D | 116 | A | B | C | D |
| 17 | A | B | C | D | 42 | A | B | C | D | 67 | A | B | C | D | 92  | A | B | C | D | 117 | A | B | C | D |
| 18 | A | B | C | D | 43 | A | B | C | D | 68 | A | B | C | D | 93  | A | B | C | D | 118 | A | B | C | D |
| 19 | A | B | C | D | 44 | A | B | C | D | 69 | A | B | C | D | 94  | A | B | C | D | 119 | A | B | C | D |
| 20 | A | B | C | D | 45 | A | B | C | D | 70 | A | B | C | D | 95  | A | B | C | D | 120 | A | B | C | D |
| 21 | A | B | C | D | 46 | A | B | C | D | 71 | A | B | C | D | 96  | A | B | C | D |     |   |   |   |   |
| 22 | A | B | C | D | 47 | A | B | C | D | 72 | A | B | C | D | 97  | A | B | C | D |     |   |   |   |   |
| 23 | A | B | C | D | 48 | A | B | C | D | 73 | A | B | C | D | 98  | A | B | C | D |     |   |   |   |   |
| 24 | A | B | C | D | 49 | A | B | C | D | 74 | A | B | C | D | 99  | A | B | C | D |     |   |   |   |   |
| 25 | A | B | C | D | 50 | A | B | C | D | 75 | A | B | C | D | 100 | A | B | C | D |     |   |   |   |   |

