

# DAVID MODEL SENIOR SECONDARY SCHOOL

MAIN ROAD TUKMIRPUR

NAME OF EXAMINATION : Admission Test for Class XI (2022-2023)

DATE : \_\_\_\_\_

NAME OF CANDIDATE (IN CAPITAL LETTERS)

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A														
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B												
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C												
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D											
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E												
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F											
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G										
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H										
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I										
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J									
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K									
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L									
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M								
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N								
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O								
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P								
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q							
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R						
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S						
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T						
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U					
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V				
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Applying for (Stream):

Reg No.:

QP Code :

**INSTRUCTIONS FOR MARKING  
OMR SHEET**

1. Use Black/Blue ball point pen for writing
2. Darken only one circle for marking response against the question to answer
3. To record response.

CORRECT METHOD 

WRONG METHOD 

Candidate Signature with Date

1	A	B	C	D	<input type="checkbox"/>
2	A	B	C	D	<input type="checkbox"/>
3	A	B	C	D	<input type="checkbox"/>
4	A	B	C	D	<input type="checkbox"/>
5	A	B	C	D	<input type="checkbox"/>
6	A	B	C	D	<input type="checkbox"/>
7	A	B	C	D	<input type="checkbox"/>
8	A	B	C	D	<input type="checkbox"/>
9	A	B	C	D	<input type="checkbox"/>
10	A	B	C	D	<input type="checkbox"/>
11	A	B	C	D	<input type="checkbox"/>
12	A	B	C	D	<input type="checkbox"/>
13	A	B	C	D	<input type="checkbox"/>
14	A	B	C	D	<input type="checkbox"/>
15	A	B	C	D	<input type="checkbox"/>
16	A	B	C	D	<input type="checkbox"/>
17	A	B	C	D	<input type="checkbox"/>
18	A	B	C	D	<input type="checkbox"/>
19	A	B	C	D	<input type="checkbox"/>
20	A	B	C	D	<input type="checkbox"/>

21	A	B	C	D	<input type="checkbox"/>
22	A	B	C	D	<input type="checkbox"/>
23	A	B	C	D	<input type="checkbox"/>
24	A	B	C	D	<input type="checkbox"/>
25	A	B	C	D	<input type="checkbox"/>
26	A	B	C	D	<input type="checkbox"/>
27	A	B	C	D	<input type="checkbox"/>
28	A	B	C	D	<input type="checkbox"/>
29	A	B	C	D	<input type="checkbox"/>
30	A	B	C	D	<input type="checkbox"/>
31	A	B	C	D	<input type="checkbox"/>
32	A	B	C	D	<input type="checkbox"/>
33	A	B	C	D	<input type="checkbox"/>
34	A	B	C	D	<input type="checkbox"/>
35	A	B	C	D	<input type="checkbox"/>
36	A	B	C	D	<input type="checkbox"/>
37	A	B	C	D	<input type="checkbox"/>
38	A	B	C	D	<input type="checkbox"/>
39	A	B	C	D	<input type="checkbox"/>
40	A	B	C	D	<input type="checkbox"/>

41	A	B	C	D	<input type="checkbox"/>
42	A	B	C	D	<input type="checkbox"/>
43	A	B	C	D	<input type="checkbox"/>
44	A	B	C	D	<input type="checkbox"/>
45	A	B	C	D	<input type="checkbox"/>
46	A	B	C	D	<input type="checkbox"/>
47	A	B	C	D	<input type="checkbox"/>
48	A	B	C	D	<input type="checkbox"/>
49	A	B	C	D	<input type="checkbox"/>
50	A	B	C	D	<input type="checkbox"/>

Invigilator Signature

MARKS OBTAINED	EXAMINER'S SIGNATURE