

Sl. No.



**THE WEST BENGAL UNIVERSITY OF TEACHERS' TRAINING,  
EDUCATION PLANNING AND ADMINISTRATION**

1st / 2nd / 3rd / 4th Semester Examination 20\_\_\_\_\_

Course Code \_\_\_\_\_ Half \_\_\_\_\_

Course Name \_\_\_\_\_

Title of Half \_\_\_\_\_

*Sreedinny*  
Controller of Examinations

Do not write anything inside this box

- INSTRUCTION TO THE CANDIDATE**
- Details of the front cover page of the Answer Script should correctly be filled, otherwise the examination is liable to be cancelled.
  - Write on both sides of pages. Do not tear any part of the Answer Script.
  - You must sign in authorized attendance sheet.
  - You must take your allotted seat in the specific examination hall.
  - You will not be allowed to leave the examination hall before one hour of the commencement of the examination.
  - You must not carry into examination hall any unauthorized materials like NOTE BOOK, INSTRUCTIONAL LEAFLETS, ANY ELECTRONIC GADGET WITH IMAGE CAPTURING AND BROWSING FACILITIES. MOBILE PHONES MUST NOT BE CARRIED IN PERSON IN THE EXAMINATION HALL.
  - Disciplinary action will be taken if any examinee is found adopting unfair means or found to be possession of any unauthorized material even if the examinee does not intend to use it.
  - You must not talk to or try to communicate with or disturb other examinee during the examination. You must not take away any used or unused examination stationary and any other material provided for the examination.
  - You can leave the examination hall only with prior permission of the invigilator.
  - Submission of the Answer Script is mandatory. Get signed in the specific column of your Admit Card by the invigilator on submission of you Answer Script.
  - Do not write your name or put any special mark in the Answer Script, which may disclose your Identity. Any violation in this regard may lead to disqualification.
  - See instruction on the reverse to fill Roll. No.

For Examiner's use only	
Serial No. of Question Answered is	Marks Obtained
Total	

\_\_\_\_\_  
Full Signature of Examiner  
with date

\_\_\_\_\_  
Signature of Scrutineer  
with date

\_\_\_\_\_  
Signature of Head-Examiner  
with date

\_\_\_\_\_  
Signature of Re-Examiner  
with date

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Do not write anything inside this box

ROLL - NO :

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1	( ) ( ) ( ) ( ) ( ) ( )	-	( ) ( ) ( ) ( ) ( ) ( )
2	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
3	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
4	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
5	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
6	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
7	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
8	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
9	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )
0	( ) ( ) ( ) ( ) ( ) ( )		( ) ( ) ( ) ( ) ( ) ( )

Registration - No

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Of Session

2	0				-	2	0		
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Date of Examination

D	D		M	M		Y	Y	Y	
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\_\_\_\_\_  
Venue-in-Charge

\_\_\_\_\_  
Invigilator

## Instruction for filling up OMR part of Roll-No.

Darken completely using Black ink in the appropriate Circles / bubbles for each digit of the Roll-No as indicated below:

ROLL - NO :

1	4	0	1	1	2	-	1	6	0	2	5
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1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>
2	<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"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<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 type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input 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"/>
6	<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"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	<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"/>

  

**Wrong Method**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Right Method**

<input checked="" type="radio"/>
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Do not write your Roll-No or Registration-No in any place other than the specified place.