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CONTROLLER EXAMINATION
THE ISLAMIA COLLEGE OF SCIENCE AND COMMERCE
(UGC AUTONOMOUS)

No. IC/EXAM 1701-03/N-1
Dated: 28/03/2019

NOTICE

All the students of undergraduate courses are hereby informed that their examination pattern has been changed. In the new scheme there shall be OMR based multiple choice (Objective type) question in even semesters and complete descriptive type questions for odd semesters. Students are advised to check website for details and also check the correct way of filling OMR sheets.


Dr. Aijaz Ahmad Bhat
Controller Examination

C.C

1. Principal, for information
2. All HOD's for information and circulation among the students in classrooms through their concerned teachers.
3. Notice Board
4. Record



**THE ISLAMIA COLLEGE OF SCIENCE AND COMMERCE,
UGC AUTONOMOUS NAAC Accredited Grade "A"
HAWAL, SRINAGAR, KASHMIR**

Important Instructions

CORRECT METHOD
 A B C D

WRONG METHOD
 A B C D

1. OMR Sheet will be processed by electronic means. Invalidation of Answer Scripts due to incomplete / incorrect filling of the OMR sheet will be the sole responsibility of candidate.
2. Please use only **BLUE/ BLACK BALL POINT PEN** to mark your answers.
3. Please do not overwrite or erase because it will be treated as a multiple answer and shall not be evaluated by the machine.
4. Do not write anything on the OMR Sheet except at indicated space.

Name: Hina
 Registration No: 110001-1C-18 Date: 25-03-2019
 Question Booklet Series: A
 Subject Name: General English
 Centre No: 201-18

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

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

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

41	<input checked="" type="radio"/>	B	C	D
42	A	B	<input checked="" type="radio"/>	D
43	A	<input checked="" type="radio"/>	C	D
44	A	B	<input checked="" type="radio"/>	D
45	A	<input checked="" type="radio"/>	C	D
46	A	B	C	<input checked="" type="radio"/>
47	A	B	<input checked="" type="radio"/>	D
48	A	<input checked="" type="radio"/>	C	D
49	A	B	<input checked="" type="radio"/>	D
50	A	<input checked="" type="radio"/>	C	D
51	A	<input checked="" type="radio"/>	C	D
52	A	B	<input checked="" type="radio"/>	D
53	<input checked="" type="radio"/>	B	C	D
54	A	B	<input checked="" type="radio"/>	D
55	<input checked="" type="radio"/>	B	C	D
56	A	B	C	<input checked="" type="radio"/>
57	<input checked="" type="radio"/>	B	C	D
58	A	B	<input checked="" type="radio"/>	D
59	<input checked="" type="radio"/>	B	C	D
60	A	B	C	<input checked="" type="radio"/>

Semester	Series	COURSE TITLE
2	A	BSC <input checked="" type="radio"/>
1		NON-MEDICAL <input type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	BCOM <input type="radio"/>
3		BBA <input type="radio"/>
4	B	BCA <input type="radio"/>
5	C	BCOM(H) <input type="radio"/>
6	D	BSCIT <input type="radio"/>



Hina
 Student's Name and Signature

Series A
 Dy. Supdtt. Name and Signature