

**SIDE 1****ASSAM SCIENCE AND TECHNOLOGY UNIVERSITY**

A State University of Government of Assam constituted by "Assam Science and Technology University Act, 2009"

**JOINT M.C.A ENTRANCE EXAMINATION (JMEE) - 2021****(USE BLACK DOT PEN ONLY)**

ROLL Number :

--	--	--	--	--	--

Left Thumb Impression

Question Booklet Set Code :

--

Question Booklet No. :

--	--	--	--	--	--

**INSTRUCTIONS TO THE CANDIDATES**

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

CORRECT METHOD

<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
-------------------------	-------------------------	------------------------------------	-------------------------

WRONG METHOD

<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input checked="" type="radio"/> C	<input checked="" type="radio"/> D
------------------------------------	------------------------------------	------------------------------------	------------------------------------

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

If your Question Booklet Set is B, fill in as shown below :

Question Booklet Set Code

A	<input type="radio"/>	B	<input checked="" type="radio"/>	C	<input type="radio"/>	D	<input type="radio"/>
---	-----------------------	---	----------------------------------	---	-----------------------	---	-----------------------

If your Question Booklet No. is 110684, fill in as shown below :

Question Booklet No.

1	1	0	6	8	4
---	---	---	---	---	---

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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 type="radio"/>

If your Response to Question No. 85 is (D), Please mark as shown below :

Q.No

Response

85

<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
-------------------------	-------------------------	-------------------------	------------------------------------

FULL SIGNATURE OF THE CANDIDATE WITH DATE

IMPORTANT INSTRUCTION : Before Signing please make sure that the candidate has filled his/her Roll No., Question Booklet Set Code &amp; Question Booklet No. on the SIDE -2 and Question Booklet Set Code &amp; Question Booklet No. on the SIDE -1.

NAME AND FULL SIGNATURE OF THE INVIGILATOR WITH DATE

ROLL NUMBER

1 2 3 4 5 6



Applicant's Name

ABCDE FGHIJ KLMNO

Centre/Venue Name

XYZ COLLEGE OF XYZ

QUESTION BOOKLET SET CODE.

A 0 B 0 C 0 D 0

QUESTION BOOKLET NO.

--	--	--	--	--	--

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

## A N S W E R S

A B C D

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D

A B C D

21	A	B	C	D
22	A	B	C	D
23	A	B	C	D
24	A	B	C	D
25	A	B	C	D

A B C D

41	A	B	C	D
42	A	B	C	D
43	A	B	C	D
44	A	B	C	D
45	A	B	C	D

A B C D

61	A	B	C	D
62	A	B	C	D
63	A	B	C	D
64	A	B	C	D
65	A	B	C	D

A B C D

81	A	B	C	D
82	A	B	C	D
83	A	B	C	D
84	A	B	C	D
85	A	B	C	D

6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

26	A	B	C	D
27	A	B	C	D
28	A	B	C	D
29	A	B	C	D
30	A	B	C	D

46	A	B	C	D
47	A	B	C	D
48	A	B	C	D
49	A	B	C	D
50	A	B	C	D

66	A	B	C	D
67	A	B	C	D
68	A	B	C	D
69	A	B	C	D
70	A	B	C	D

86	A	B	C	D
87	A	B	C	D
88	A	B	C	D
89	A	B	C	D
90	A	B	C	D

11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D

31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D

51	A	B	C	D
52	A	B	C	D
53	A	B	C	D
54	A	B	C	D
55	A	B	C	D

71	A	B	C	D
72	A	B	C	D
73	A	B	C	D
74	A	B	C	D
75	A	B	C	D

91	A	B	C	D
92	A	B	C	D
93	A	B	C	D
94	A	B	C	D
95	A	B	C	D

16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D

36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D

56	A	B	C	D
57	A	B	C	D
58	A	B	C	D
59	A	B	C	D
60	A	B	C	D

76	A	B	C	D
77	A	B	C	D
78	A	B	C	D
79	A	B	C	D
80	A	B	C	D

96	A	B	C	D
97	A	B	C	D
98	A	B	C	D
99	A	B	C	D
100	A	B	C	D