

I'm not robot!



Do not write in this box

Candidate Name  
*If not already printed, write name in CAPS and include the Candidate No. and (if possible)*

Candidate Signature

Examination Title

Centre

Supervisor:  
*If the candidate is ABSENT or has WITHDRAWN shade here*

Centre No.

Candidate No.

Examination Details

0	1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9	0
2	3	4	5	6	7	8	9	0	1
3	4	5	6	7	8	9	0	1	2
4	5	6	7	8	9	0	1	2	3
5	6	7	8	9	0	1	2	3	4
6	7	8	9	0	1	2	3	4	5
7	8	9	0	1	2	3	4	5	6
8	9	0	1	2	3	4	5	6	7
9	0	1	2	3	4	5	6	7	8

### Candidate Answer Sheet

**Instructions**  
Use a PENCIL (B or HB).

Rub out any answer you wish to change using an eraser.

Parts 1, 5, 6 and 7:  
Mark ONE letter for each question.

For example, if you think B is the right answer to the question, mark your answer sheet like this:

0	A	B	C	D
		X		

Parts 2, 3 and 4:  
Write your answer clearly in CAPITAL LETTERS.

For Parts 2 and 3 write one letter in each box. For example:

0	X	A	A	P	Z
---	---	---	---	---	---

**Part 1**

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
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D

**Part 2**

						Do not write below here
9						9 1 0 U
10						10 1 0 U
11						11 1 0 U
12						12 1 0 U
13						13 1 0 U
14						14 1 0 U
15						15 1 0 U
16						16 1 0 U

Continues over

### ACT Sample Test Answer Sheet

Marking Directions: Mark only one oval for each question. It is essential practice. Do not mark anything else.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Form Code: \_\_\_\_\_

---

**TEST 1**

1	0	1	2	3	4	5	6	7	8	9	0
2	0	1	2	3	4	5	6	7	8	9	0
3	0	1	2	3	4	5	6	7	8	9	0
4	0	1	2	3	4	5	6	7	8	9	0
5	0	1	2	3	4	5	6	7	8	9	0
6	0	1	2	3	4	5	6	7	8	9	0
7	0	1	2	3	4	5	6	7	8	9	0
8	0	1	2	3	4	5	6	7	8	9	0
9	0	1	2	3	4	5	6	7	8	9	0
10	0	1	2	3	4	5	6	7	8	9	0
11	0	1	2	3	4	5	6	7	8	9	0
12	0	1	2	3	4	5	6	7	8	9	0
13	0	1	2	3	4	5	6	7	8	9	0
14	0	1	2	3	4	5	6	7	8	9	0

---

**TEST 2**

1	0	1	2	3	4	5	6	7	8	9	0
2	0	1	2	3	4	5	6	7	8	9	0
3	0	1	2	3	4	5	6	7	8	9	0
4	0	1	2	3	4	5	6	7	8	9	0
5	0	1	2	3	4	5	6	7	8	9	0
6	0	1	2	3	4	5	6	7	8	9	0
7	0	1	2	3	4	5	6	7	8	9	0
8	0	1	2	3	4	5	6	7	8	9	0
9	0	1	2	3	4	5	6	7	8	9	0
10	0	1	2	3	4	5	6	7	8	9	0
11	0	1	2	3	4	5	6	7	8	9	0
12	0	1	2	3	4	5	6	7	8	9	0
13	0	1	2	3	4	5	6	7	8	9	0
14	0	1	2	3	4	5	6	7	8	9	0

---

**TEST 3**

1	0	1	2	3	4	5	6	7	8	9	0
2	0	1	2	3	4	5	6	7	8	9	0
3	0	1	2	3	4	5	6	7	8	9	0
4	0	1	2	3	4	5	6	7	8	9	0
5	0	1	2	3	4	5	6	7	8	9	0
6	0	1	2	3	4	5	6	7	8	9	0
7	0	1	2	3	4	5	6	7	8	9	0
8	0	1	2	3	4	5	6	7	8	9	0
9	0	1	2	3	4	5	6	7	8	9	0
10	0	1	2	3	4	5	6	7	8	9	0
11	0	1	2	3	4	5	6	7	8	9	0
12	0	1	2	3	4	5	6	7	8	9	0
13	0	1	2	3	4	5	6	7	8	9	0
14	0	1	2	3	4	5	6	7	8	9	0

---

**TEST 4**

1	0	1	2	3	4	5	6	7	8	9	0
2	0	1	2	3	4	5	6	7	8	9	0
3	0	1	2	3	4	5	6	7	8	9	0
4	0	1	2	3	4	5	6	7	8	9	0
5	0	1	2	3	4	5	6	7	8	9	0
6	0	1	2	3	4	5	6	7	8	9	0
7	0	1	2	3	4	5	6	7	8	9	0
8	0	1	2	3	4	5	6	7	8	9	0
9	0	1	2	3	4	5	6	7	8	9	0
10	0	1	2	3	4	5	6	7	8	9	0
11	0	1	2	3	4	5	6	7	8	9	0
12	0	1	2	3	4	5	6	7	8	9	0
13	0	1	2	3	4	5	6	7	8	9	0
14	0	1	2	3	4	5	6	7	8	9	0

SCORES with optional Writing		
English:	____	percentile
Writing:	____	percentile
English/Writing:	____	percentile
Math:	____	percentile
Reading:	____	percentile
Science:	____	percentile
Composite:	____	percentile

SCORES		
English:	____	percentile
Math:	____	percentile
Reading:	____	percentile
Science:	____	percentile
Composite:	____	percentile

Color of your Question Book (Fill only one circle)

Yellow	Green	White	Blue	Pink
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Name: Iftikhar Ahmed Sanjrani     Father Name : Mir Ahmed Ali Khan



NTS Signatory : \_\_\_\_\_  
Candidate Signature : \_\_\_\_\_  
Question Book No : \_\_\_\_\_

Fill the appropriate circle completely LIKE THIS  Improper filled circles will be marked incorrect by the machine

- 1.         26.         51.         76.
- 2.         27.         52.         77.
- 3.         28.         53.         78.
- 4.         29.         54.         79.
- 5.         30.         55.         80.
- 6.         31.         56.         81.
- 7.         32.         57.         82.
- 8.         33.         58.         83.
- 9.         34.         59.         84.
- 10.         35.         60.         85.
- 11.         36.         61.         86.
- 12.         37.         62.         87.
- 13.         38.         63.         88.
- 14.         39.         64.         89.
- 15.         40.         65.         90.
- 16.         41.         66.         91.
- 17.         42.         67.         92.
- 18.         43.         68.         93.
- 19.         44.         69.         94.
- 20.         45.         70.         95.
- 21.         46.         71.         96.
- 22.         47.         72.         97.
- 23.         48.         73.         98.
- 24.         49.         74.         99.
- 25.         50.         75.         100.

**SIDE 1**

**EXAMINATION FOR THE CERTIFICATE OF COMPETENCY IN ENGLISH**

**Student Code**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Center Code \_\_\_\_\_ Center Name \_\_\_\_\_  
Building of the examination \_\_\_\_\_  
Room of the examination \_\_\_\_\_  
Time of the examination \_\_\_\_\_

Do Not Write in This Area

Center No.	Code	Barcode

**IDENTIFICATION SECTION**

FULL NAME (PRINT)		YOUR SIGNATURE	
LAST NAME	FIRST NAME		

**TEST CENTER** Center Name \_\_\_\_\_ Center Code \_\_\_\_\_ **NATIVE LANGUAGE** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_ **Examiner's Date** \_\_\_\_\_

**EXAMPLES**

- 1.
- 2.
- 3.
- 4.

**IMPORTANT DIRECTIONS FOR MARKING ANSWERS**

- Use a #2 (soft) pencil only.
- Do NOT use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.
- Do not fold or crease the answer sheet.
- The examiner will tell you how to grid in the identification section.

**LISTENING**

1	11	21	31	41	FORM <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"/>
2	12	22	32	42	
3	13	23	33	43	
4	14	24	34	44	
5	15	25	35	45	
6	16	26	36	46	
7	17	27	37	47	
8	18	28	38	48	
9	19	29	39	49	
10	20	30	40	50	

BARCODE

**SIDE 2**

**GVR**

51	71	91	111	131
52	72	92	112	132
53	73	93	113	133
54	74	94	114	134
55	75	95	115	135
56	76	96	116	136
57	77	97	117	137
58	78	98	118	138
59	79	99	119	139
60	80	100	120	140
61	81	101	121	141
62	82	102	122	142
63	83	103	123	143
64	84	104	124	144
65	85	105	125	145
66	86	106	126	146
67	87	107	127	147
68	88	108	128	148
69	89	109	129	149
70	90	110	130	150

**DO NOT WRITE IN THIS AREA**

# US NAVAL SEA CADET CORPS – STANDARD ANSWER SHEET

FULL NAME:     Name Here    

SS#:     SSN Here    

COURSE TITLE:     Enter Course Here    

ASSIGNMENT #:     Course#    

(Course Titles: BMR, Seaman, PO3/PO2, PO1, CPO, etc)

Enter answer in appropriate box in number form (1, 2, 3, or 4 and True = 1, False = 2)

1		26		51	
2		27		52	
3		28		53	
4		29		54	
5		30		55	
6		31		56	
7		32		57	
8		33		58	
9		34		59	
10		35		60	
11		36		61	
12		37		62	
13		38		63	
14		39		64	
15		40		65	
16		41		66	
17		42		67	
18		43		68	
19		44		69	
20		45		70	
21		46		71	
22		47		72	
23		48		73	
24		49		74	
25		50		75	

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