



Paper K
Pre-Primary

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| K | A | B | C | D | E | F |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Student Name: _____

School Name: _____

Center: _____ Date: _____

| | |
|--------------------------|--------------------------|
| CORRECT | INCORRECT |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Student Answer Sheet

Candidate 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 |

Questions 1 to 15

| | | | |
|----|-------------------------------|-------------------------------|-------------------------------|
| 1 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 2 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 3 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 4 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 5 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 6 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 7 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 8 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 9 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 10 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 11 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 12 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 13 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 14 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |
| 15 | A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> |