

# GUNOTSAV - 2025 STUDENT EVALUATION FORM

**CLASS - IX**

⌚ **USE ONLY BLACK OR BLUE BALL POINT PEN**

⊗ **DO NOT USE INK / GEL PEN**

1. Please do not overwrite because it will be treated as wrong answer.
2. Please **DO NOT FOLD / TEAR OMR SHEET.**

Correct way of marking the answer



Wrong way of marking the answer



**USE BLACK / BLUE BALL POINT PEN ONLY**

DISTRICT :-		Answer Sheet No.
BLOCK :-		
CLUSTER :-		
SCHOOL UDISE CODE :-		
SCHOOL NAME :-		
STUDENT CODE/ID :-		
STUDENT NAME :-		

MEDIUM :-	<input type="text"/>	Assamese ①	Bengali ②	Bodo ③	English ④	Hindi ⑤	Manipuri ⑥			
MIL :-	<input type="text"/>	Assamese ①	Bengali ②	Bodo ③	Nepali ④	Garo ⑤	Hmar ⑥	Hindi ⑦	Karbi ⑧	Manipuri ⑨
IL :-	<input type="text"/>	English ①	Hindi ②	(IL applicable for KARBI ANGLONG, WEST KARBI ANGLONG & DIMA HASAO)						
QUESTION BOOKLET SERIES :-	<input type="text"/>	A ①	B ②	C ③	DAY :-	<input type="text"/>	1 ①	2 ②	3 ③	
Classes conducted every day through Tele Classroom/ Smart TV:- <input type="text"/> YES ① NO ②										

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

SKILL (To be filled up by Teacher/EE) (After evaluation of student's responses)	
	0 1 2 3
101	① ② ③
102	① ② ③
	0 1 2
103 (a)	① ②
103 (b)	① ②
103 (c)	① ②
103 (d)	① ②
	0 1 2 3
104	① ② ③
105	① ② ③

NAME & SIGNATURE OF HEAD OF SCHOOL / NT (Inside the box only)	NAME & SIGNATURE OF EXTERNAL EVALUATOR (Inside the box only)
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