

NAME Answer key SUBJECT SEA-5

**Instructions**

- a) Use HB pencil for filling and writing on the sheet. Darken the bubble completely.
- b) Don't use whiteners or erasers to correct your answers.
- c) Do not fold the OMR sheet. Multiple markings will be treated as invalid.
- d) Writing on the OMR sheet is permitted only on the specified area.

**Class Section Roll No**

1	A	0	0
2	B	1	1
3	C	2	2
4	D	3	3
5	E	4	4
6	F	5	5
7	G	6	6
8	H	7	7
9	I	8	8
10	J	9	9
	K		
	L		
	M		
	N		
	O		
	P		
	Q		
	R		
	S		
	T		
	U		
	V		
	W		
	X		
	Y		

**Answers: Shade only one option for each question**

1	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
2	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
7	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/> D
9	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
10	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D