

# GUNOTSAV - 2025 STUDENT EVALUATION FORM

CLASS - VII

✓ 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 :-  Assamese ①     Bengali ②     Bodo ③     English ④     Garo ⑤     Hindi ⑥     Manipuri ⑦

LANGUAGE -II :-  Assamese ①     Bengali ②     Bodo ③     English ④     Garo ⑤     Karbi ⑥    LANGUAGE -III :-  Assamese ①     Hindi ②

QUESTION BOOKLET SERIES :-  A ①     B ②     C ③    DAY :-  1 ①     2 ②     3 ③

ATTENDANCE TAKEN THROUGH MOBILE/TABLET? :-  YES ①     NO ②    RECEIVED TWO PAIRS OF UNIFORM PREVIOUS YEAR? :-  YES ①     NO ②

### MCQ (To be filled up by student)

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					
25	A	B	C	D	50	A	B	C	D	75	A	B	C	D					

**SKILL**  
(To be filled up by Teacher/EE)  
(After evaluation of student's responses)

0 1 2 3
99 <input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③
100 <input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③
0 1 2
101 (a) <input type="radio"/> ① <input type="radio"/> ②
101 (b) <input type="radio"/> ① <input type="radio"/> ②
101 (c) <input type="radio"/> ① <input type="radio"/> ②
101 (d) <input type="radio"/> ① <input type="radio"/> ②
101 (e) <input type="radio"/> ① <input type="radio"/> ②
0 1 2 3
102 <input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> ③
103 <input type="radio"/> ① <input type="radio"/> ② <input type="radio"/> 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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