

# **BANASTHALI PUBLIC SCHOOL**

**G-Block, Vikas Puri, New Delhi-110018**

**Circular No. BPS/21-22/120**

**Date: 12.11.2021**

## **APPLICABLE FOR CLASS IX AND XI**

Dear Parent/Student,

It is with the continuation of the **Circular No. BPS/21-22/118**, issued by the school on dated 11.11.2021 for the students of Classes IX and XI regarding the **INSTRUCTIONS FOR FILLING THE OMR SHEET IN THE TERM-1 EXAMINATION**. The school is conducting **OFFLINE SESSION** for classes IX and XI for:

- (i) OMR Sheet Training
- (ii) Collection of the Student Identity Card
- (iii) File Submission of the students who have not submitted yet (kindly ignore if already submitted)

The Schedule for the **OFFLINE SESSION**:

<b>CLASS</b>	<b>DATE</b>	<b>TIMINGS</b>
IX	15 <sup>th</sup> November, 2021 (Monday)	09:00 a.m. to 10:30 a.m.
XI	16 <sup>th</sup> November, 2021 (Tuesday)	09:00 a.m. to 10:30 a.m.

### **KINDLY NOTE:**

- **IT WILL BE MANDATORY FOR ALL THE STUDENTS TO ATTEND THE OFFLINE SESSION AS PER THE SCHEDULE GIVEN ABOVE BY FOLLOWING COVID APPROPRIATE BEHAVIOUR.**
- **KINDLY CLEAR THE FEE DUES TILL DATE. (Ignore if already paid).**
- Please ensure that your ward should not attend the school if:
  - i) She/he has come in contact with any COVID Patient in the last 10 days.
  - ii) She/he is suffering from fever or has any symptoms of COVID.
  - iii) Your residence is in Containment Zone.
- Only asymptomatic students will be allowed to attend the school.
- It is mandatory for the students to **WEAR MASK AND GLOVES** while attending the school.
- Students should come to School in **PROPER PINE GREEN SCHOOL UNIFORM WITH BLAZER.**
- Students should carry their **own stationery items and transparent exam board**. Borrowing and exchange will be strictly NOT allowed.
- Adequate drinking water, eatables, hand sanitizer and extra mask should be sent with your ward to the School.
- **Carrying MOBILE PHONES by the Students is STRICTLY PROHIBITED.**
- It is utmost important to maintain discipline and social distancing throughout the day.

**Kindly adhere to the timings strictly.**

Eat Healthy, Stay Healthy Always!

Principal



# BANASTHALI PUBLIC SCHOOL

उत्तर पत्रिका / ANSWER SHEET

केवल नीले/काले बॉल प्वाइंट पेन का ही प्रयोग करें।

सत्र/Session:2021-22 कक्षा/Class: \_\_\_\_\_ वर्ग/Section: \_\_\_\_\_

USE ONLY BLUE/BLACK BALL POINT PEN

अनुक्रमांक Roll No.	
(अंको में एवं शब्दों में) (in digits and words)	
परीक्षा का दिन एवं तिथि Day & Date of the Examination	
विषय कोड व नाम Subject code & Name	
अभ्यर्थी का नाम Candidate's Name	
पिता का नाम Father's Name	



OMR No.

प्रश्न पत्र के ऊपर लिखें कोड को दर्शाएँ  
Write code No. written on the question paper  
Question Paper Code

		/		/	
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SOME EXAMPLES OF WRONG/CORRECT WAYS OF MARKING AS FOLLOWS

WRONG METHOD					CORRECT METHOD				
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

अधीक्षक की मोहर / Facsimile stamp of the Center Supdt.

प्रत्येक प्रश्न का उत्तर केवल एक ही गोले में गहरा चिह्नान लगाकर दीजिए एवं उत्तर को बॉक्स में लिखें Darken **ONLY ONE CIRCLE** for each Question and write the answer in the box.

Q.No	Response	*	#	Q.No	Response	*	#	Q.No	Response	*	#	Q.No	Response	*	#
1	(a) (b) (c) (d)		1	16	(a) (b) (c) (d)		16	31	(a) (b) (c) (d)		31	46	(a) (b) (c) (d)		46
2	(a) (b) (c) (d)		2	17	(a) (b) (c) (d)		17	32	(a) (b) (c) (d)		32	47	(a) (b) (c) (d)		47
3	(a) (b) (c) (d)		3	18	(a) (b) (c) (d)		18	33	(a) (b) (c) (d)		33	48	(a) (b) (c) (d)		48
4	(a) (b) (c) (d)		4	19	(a) (b) (c) (d)		19	34	(a) (b) (c) (d)		34	49	(a) (b) (c) (d)		49
5	(a) (b) (c) (d)		5	20	(a) (b) (c) (d)		20	35	(a) (b) (c) (d)		35	50	(a) (b) (c) (d)		50
6	(a) (b) (c) (d)		6	21	(a) (b) (c) (d)		21	36	(a) (b) (c) (d)		36	51	(a) (b) (c) (d)		51
7	(a) (b) (c) (d)		7	22	(a) (b) (c) (d)		22	37	(a) (b) (c) (d)		37	52	(a) (b) (c) (d)		52
8	(a) (b) (c) (d)		8	23	(a) (b) (c) (d)		23	38	(a) (b) (c) (d)		38	53	(a) (b) (c) (d)		53
9	(a) (b) (c) (d)		9	24	(a) (b) (c) (d)		24	39	(a) (b) (c) (d)		39	54	(a) (b) (c) (d)		54
10	(a) (b) (c) (d)		10	25	(a) (b) (c) (d)		25	40	(a) (b) (c) (d)		40	55	(a) (b) (c) (d)		55
11	(a) (b) (c) (d)		11	26	(a) (b) (c) (d)		26	41	(a) (b) (c) (d)		41	56	(a) (b) (c) (d)		56
12	(a) (b) (c) (d)		12	27	(a) (b) (c) (d)		27	42	(a) (b) (c) (d)		42	57	(a) (b) (c) (d)		57
13	(a) (b) (c) (d)		13	28	(a) (b) (c) (d)		28	43	(a) (b) (c) (d)		43	58	(a) (b) (c) (d)		58
14	(a) (b) (c) (d)		14	29	(a) (b) (c) (d)		29	44	(a) (b) (c) (d)		44	59	(a) (b) (c) (d)		59
15	(a) (b) (c) (d)		15	30	(a) (b) (c) (d)		30	45	(a) (b) (c) (d)		45	60	(a) (b) (c) (d)		60

\* Write Correct Option # Darken Circle if question not attempted

I confirm that all particulars given above are correct .

अभ्यर्थी के हस्ताक्षर (चलते हाथ से लिखें)  
Candidate's Signature (in running hand)

Total correct answers  
(To be filled by the Evaluator)

Total correct answers  
(To be filled by the Coordinator)

	Invigilator	Evaluator	Coordinator	Observer
Signature				
Identification No.				