

FAMILIARISATION ANSWER SHEET - NON-VERBAL REASONING 1



Pupil's Name
SARTHAK GUPTA

School Name
BHAVAN VIDYALAYA

DATE OF TEST

Day	Month	Year
1	5	0626

UNIQUE PUPIL NUMBER

1	2	3	4	5	6	7	8	9	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

SCHOOL NUMBER

0	0	0	1	2	3	4
---	---	---	---	---	---	---

DATE OF BIRTH

Day	Month	Year
2	9	1200

Please mark boxes with a thin horizontal line like this

SECTION 1

EXAMPLE

A ☐

B ☒

C ☐

D ☐

E ☐

P1

A ☐

B ☐

C ☐

D ☐

E ☐

P2

A ☐

B ☐

C ☐

D ☐

E ☐

1 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	2 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	3 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	4 A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	5 A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	6 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	7 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
8 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	9 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	10 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	11 A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	12 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	13 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	14 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
15 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	16 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	17 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	18 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	19 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	20 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	

SECTION 2

EXAMPLE

A ☐

B ☒

C ☐

D ☐

E ☐

P1

A ☐

B ☐

C ☐

D ☐

E ☐

P2

A ☐

B ☐

C ☐

D ☐

E ☐

21 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	22 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	23 A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	24 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	25 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	26 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	27 A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
28 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	29 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	30 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	31 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	32 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	33 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	34 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>
35 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	36 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	37 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	38 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/>	39 A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	40 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/>	



FAM NVR1 PLEASE TURN OVER

Please mark boxes with a thin horizontal line like this .

SECTION 3

EXAMPLE

A ☐
B ☐
C ☒
D ☐
E ☐

P1

A ☐
B ☐
C ☐
D ☐
E ☐

P2

A ☐
B ☐
C ☐
D ☐
E ☐

41

A ☐
B ☐
C ☒
D ☐
E ☐

42

A ☐
B ☐
C ☐
D ☒
E ☐

43

A ☒
B ☐
C ☐
D ☐
E ☐

44

A ☐
B ☐
C ☐
D ☐
E ☒

45

A ☐
B ☐
C ☐
D ☐
E ☐

46

A ☐
B ☐
C ☐
D ☐
E ☒

47

A ☐
B ☐
C ☐
D ☐
E ☐

48

A ☐
B ☐
C ☒
D ☐
E ☐

49

A ☒
B ☐
C ☐
D ☐
E ☐

50

A ☐
B ☐
C ☐
D ☒
E ☐

51

A ☐
B ☒
C ☐
D ☐
E ☐

52

A ☐
B ☒
C ☐
D ☐
E ☐

53

A ☐
B ☐
C ☐
D ☐
E ☒

54

A ☐
B ☐
C ☐
D ☐
E ☐

55

A ☒
B ☐
C ☐
D ☐
E ☐

56

A ☐
B ☐
C ☐
D ☒
E ☐

57

A ☒
B ☐
C ☐
D ☐
E ☐

58

A ☐
B ☐
C ☐
D ☐
E ☒

59

A ☒
B ☐
C ☐
D ☐
E ☐

60

A ☐
B ☐
C ☐
D ☒
E ☐

SECTION 4

EXAMPLE 1

A ☐
B ☒
C ☐
D ☐
E ☐

EXAMPLE 2

A ☒
B ☐
C ☐
D ☐
E ☐

P1

A ☐
B ☐
C ☐
D ☐
E ☐

61

A ☒
B ☐
C ☐
D ☐
E ☐

62

A ☐
B ☐
C ☐
D ☒
E ☐

63

A ☐
B ☐
C ☐
D ☐
E ☒

64

A ☐
B ☐
C ☐
D ☐
E ☐

65

A ☒
B ☐
C ☐
D ☐
E ☐

66

A ☒
B ☐
C ☐
D ☐
E ☐

67

A ☒
B ☐
C ☐
D ☐
E ☐

68

A ☐
B ☐
C ☐
D ☐
E ☒

69

A ☐
B ☐
C ☐
D ☐
E ☒

70

A ☐
B ☐
C ☐
D ☐
E ☒

71

A ☒
B ☐
C ☐
D ☐
E ☐

72

A ☐
B ☐
C ☐
D ☐
E ☒

73

A ☐
B ☐
C ☐
D ☐
E ☒

74

A ☐
B ☐
C ☐
D ☐
E ☒

75

A ☐
B ☐
C ☐
D ☐
E ☐

76

A ☐
B ☒
C ☐
D ☐
E ☐

77

A ☐
B ☒
C ☐
D ☐
E ☐

78

A ☐
B ☒
C ☐
D ☐
E ☐

79

A ☐
B ☐
C ☐
D ☐
E ☐

80

A ☐
B ☒
C ☐
D ☐
E ☐

