

ANNEXURE-I

SELF-ASSESSMENT-MODEL PAPER-1 AUGUST-2024

BUNDLE SLIP TO BE PASTED ON THE OMRs BOX

DISTRICT:

MANDAL:

UDISE CODE:

SCHOOL CATEGORY:

NAME OF THE SCHOOL:

NO OF USED OMRs IN THE BOX

CLASS	ROLL	PRESENT	NO OF OMRs USED (IN THE BOX)			REMARKS
			PRE-PRINTED	BUFFER OMR	TOTAL	
I						
II						
III						
IV						
V						
VI						
VII						
VIII						
TOTAL						

DATE:

SIGNATURE OF THE HM (with seal)