



**National Achievement Survey : 2017**  
**PUPIL QUESTIONNAIRE(PQ)**

(Pupil Questionnaire to be filled in by Field Investigator only in an interview mode)

School Name : \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Sampled Class**

3

5

8

**INSTRUCTIONS FOR FILLING THE OMR SHEET**

- USE ONLY BLACK OR BLUE BALL POINT PEN
- DO NOT USE INK / GEL PEN

1. While filling the OMR Sheet mark the OMR Bubbles carefully and completely.

**Correct way of marking the answer**

**Wrong way of marking the answer**

2. Please do not modify/overwrite because it will be treated as wrong answer.

3. Please **DO NOT FOLD / TEAR OMR SHEET.**

**UDISE School Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

**Student ID**

<input type="text"/>	<input type="text"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Sampled Section**

A

B

C

D

E

F

**RESPONSES**

1	<input type="radio"/> 1 <input type="radio"/> 2	9	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	19	<input type="radio"/> 1 <input type="radio"/> 2
2A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	10	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	20	<input type="radio"/> 1 <input type="radio"/> 2
2B	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	11	<input type="radio"/> 1 <input type="radio"/> 2	21	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
3A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		
3B	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	13	<input type="radio"/> 1 <input type="radio"/> 2		
4	<input type="radio"/> 1 <input type="radio"/> 2	14	<input type="radio"/> 1 <input type="radio"/> 2		
5	<input type="radio"/> 1 <input type="radio"/> 2	15	<input type="radio"/> 1 <input type="radio"/> 2		
6	<input type="radio"/> 1 <input type="radio"/> 2	16	<input type="radio"/> 1 <input type="radio"/> 2		
7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	17	<input type="radio"/> 1 <input type="radio"/> 2		
8	<input type="radio"/> 1 <input type="radio"/> 2	18	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		

Invigilator's Sign

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