

Index Number:

## Sri Lankan Biology Olympiad 2017



### Answer Sheet

Please handover this answer sheet to the Invigilator.

#### Answer Sheet for Part A

Mark the correct answer with a 'X'

- |     |                                     |                                     |                                     |                                     |                                     |     |                                     |                                     |                                     |                                     |                                     |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 01. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 21. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 02. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 22. | (1)                                 | (2)                                 | (3)                                 | (4)                                 | <input checked="" type="checkbox"/> |
| 03. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 23. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 |
| 04. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 24. | (1)                                 | (2)                                 | (3)                                 | (4)                                 | <input checked="" type="checkbox"/> |
| 05. | <input checked="" type="checkbox"/> | (2)                                 | (3)                                 | (4)                                 | (5)                                 | 25. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 06. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 26. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 07. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 27. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 08. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 28. | <input checked="" type="checkbox"/> | (2)                                 | (3)                                 | (4)                                 | (5)                                 |
| 09. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 29. | <input checked="" type="checkbox"/> | (2)                                 | (3)                                 | (4)                                 | (5)                                 |
| 10. | <input checked="" type="checkbox"/> | (2)                                 | (3)                                 | (4)                                 | (5)                                 | 30. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 11. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 | 31. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 12. | (1)                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 32. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 13. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 | 33. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 14. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 34. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 15. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 35. | <input checked="" type="checkbox"/> | (2)                                 | (3)                                 | (4)                                 | (5)                                 |
| 16. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 | 36. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 |
| 17. | (1)                                 | <input checked="" type="checkbox"/> | (3)                                 | (4)                                 | (5)                                 | 37. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 |
| 18. | (1)                                 | (2)                                 | (3)                                 | (4)                                 | <input checked="" type="checkbox"/> | 38. | (1)                                 | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 19. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 | 39. | <input checked="" type="checkbox"/> | (2)                                 | <input checked="" type="checkbox"/> | (4)                                 | (5)                                 |
| 20. | (1)                                 | (2)                                 | (3)                                 | <input checked="" type="checkbox"/> | (5)                                 | 40. | (1)                                 | (2)                                 | (3)                                 | (4)                                 | <input checked="" type="checkbox"/> |

Please turn over

### Answer Sheet for Part B

Mark correct (✓) or incorrect (×) in each box.

	1	2	3	4	5
01.	✓	×	×	✓	✓

	1	2	3	4	5
11.	×	✓	✓	×	×

	1	2	3	4	5
02.	×	×	✓	✓	✓

	1	2	3	4	5
12.	×	×	×	×	✓

	1	2	3	4	5
03.	✓	✓	×	✓	×

	1	2	3	4	5
13.	✓	×	×	✓	✓

	1	2	3	4	5
04.	×	✓	×	×	✓

	1	2	3	4	5
14.	✓	×	×	✓	×

	1	2	3	4	5
05.	×	✓	×	✓	✓

	1	2	3	4	5
15.	✓	×	×	✓	×

	1	2	3	4	5
06.	×	✓	×	✓	×

	1	2	3	4	5
16.	×	✓	✓	✓	✓

	1	2	3	4	5
07.	×	×	×	✓	×

	1	2	3	4	5
17.	✓	×	×	✓	×

	1	2	3	4	5
08.	×	×	×	×	×

	1	2	3	4	5
18.	✓	✓	×	✓	×

	1	2	3	4	5
09.	×	✓	✓	×	×

	1	2	3	4	5
19.	✓	✓	✓	×	×

	1	2	3	4	5
10.	×	×	×	×	×

	1	2	3	4	5
20.	×	✓	✓	×	✓