

ENTRANCE EXAMINATION, February 2015
M.A. (Anthropology)

TIME: 2 Hours

Max. Marks: 100

HALL TICKET NUMBER	
<u>INSTRUCTIONS</u>	
<ol style="list-style-type: none"> 1. Read these instructions carefully before answering. 2. Enter your Hall Ticket Number on this page <u>and</u> also on the OMR answer sheet. 3. Answers are to be marked on the OMR sheet following the instructions provided there upon. 4. Hand over the OMR sheet at the end of the examination to the Invigilator. 5. This Entrance Examination consists of a test for 100 marks. There are 100 questions in 5 sections (20 marks for each). Section I: General Knowledge / Studies, Section II: Social Science Aptitude, Section III: Language and Communication, Section IV: Comprehension and Section V: Quantitative Aptitude and Logical Reasoning 6. There is negative marking. Each wrong answer carries - 0.33 marks. However, there is no negative award of marks for the questions not attempted. 7. Each correct answer carries <u>one</u> mark. 8. This question paper contains 16 pages. Candidates may do rough work in the blank space on the last page. 9. Candidates are permitted to use non-programmable calculators, if necessary. 	

SECTION I: GENERAL KNOWLEDGE / STUDIES

1. India had sent Mars Orbiter Mission to Mars. At the same time NASA had also sent a mission which was named:
A. MAVERICK B. MAVEN C. Mars Lander D. MASER
2. K. Srikanth defeated World champion Lin Dan in World Badminton Champion that was held recently at:
A. Fuzhou B. Kuala Lumpur C. Beijing D. Shanghai
3. Who is the current Chief Election Commissioner of India?
A. V.S. Sampath B. S.Y.Quraishi C. Brahma Kumar D. T.N. Seshan
4. Which among the following is not a member of SAARC?
A. Afghanistan B. Nepal C. Bhutan D. Myanmar
5. Jarawa tribe which was in news recently, lives in:
A. Nagaland B. Andaman & Nicobar C. Lakshadweep D. Jharkhand

6. Which of the following is an intellectual property?
 a. Kanchipuram Saree b. A design c. Copy right d. Song
 A. a, b, & c B. b, c & d C. a, c & d D. all four
7. The 2014 Noble Prize for peace was shared by:
 A. Indian & Pakistani B. Indian & Bangladeshi
 C. Indian & South American D. Indian & Russian
8. Jan Dhan Yojana which is recently launched to achieve financial inclusion provides for insurance cover of Rs. _____ for the bank account holders:
 A. 5000 B. 25000 C. 50000 D. 100000
9. El Nino is related to
 A. Weather B. Robot C. Virus D. Genetic engineering
10. Which sport is in news for spot betting and betting scandal in India recently?
 A. Foot ball B. Cricket C. Hockey D. Tennis
11. Identify the Non Green House gas from the following
 A. Nitrous oxide B. Methane
 C. Carbon Mono Oxide D. Sulphur Hexafluride
12. Which of the following is not a nuclear reactor
 A. Bhavini B. Aspara C. Antrix D. Dhruva
13. Ilbert bill was introduced by
 A. Lord Rippon B. Lord Lytton C. Lord Mayo D. Lord Curzon
14. Ranthambhor Tiger reserve is located in which state
 A. Eastern Part of Rajasthan B. North Eastern part of Madhya Pradesh
 C. Southern Part of Madhya Pradesh D. West Rajasthan
15. President of India when resigns, gives resignation to
 A. Chief Justice of Supreme Court of India B. Vice President
 C. Speaker of Lok Sabha D. Prime Minister
16. Which of the following parliamentary committees has **no** members from Rajyasabha
 A. Public account committee B. Estimates committee
 C. Committee on public undertakings D. Committee on assurances
17. Who of the following is currently the Union Minister for Human Resource Development?
 A. Nezma Heptullah B. Sumitra Mahajan
 C. Smriti Irani D. Sushma Swaraj

18. Section 309 of the Indian Penal Code which the Government recently decided to scrap deals with:
 A. Attempt to commit suicide
 B. Attempt to bribe
 C. Religious conversions
 D. Inter-caste marriages
19. Who of the following is known for his excellent leadership qualities?
 A. Aurangzeb
 B. Chandragupta
 C. Chatrapati Sivaji
 D. Alexander, the great
20. The author of *Arthashastra* is:
 A. Brown
 B. Kotilya
 C. Max Muller
 D. Sankaracharya

SECTION II: SOCIAL SCIENCE APTITUDE

21. When a particular community tries to promote its selfish interest at the cost of other community and in doing so causes hatred and intolerance, it is called:
 A. Casteism
 B. Communal prejudice
 C. Communalism
 D. Communal conflict
22. Number of infants under one year of age dying per thousand live births in a year is:
 A. Annual infant death rate
 B. Infant morbidity rate
 C. Infanticide
 D. Infant mortality rate
23. Discrimination by people of a particular race or community or color against those of other race, community or color is called:
 A. Social discrimination
 B. Social exclusion
 C. Racial discrimination
 D. Oppression of weaker sections
24. The knowledge, expedients, habits, institutions etc., handed down from one generation to another is called social:
 A. Heritage
 B. Custom
 C. Situation
 D. Institution
25. The disintegration of Hindu joint family is mainly due to:
 A. Sanskritization
 B. Social reforms
 C. Constitutional provisions
 D. Employment
26. Socialization is a process involving:
 A. Gradual changing of organism
 B. Training to adapt to society
 C. Declaring everything as belonging to society
 D. Setting up the social norms
27. Which of the following is a local self-government institution?
 A. NGO
 B. Consumer protection cell
 C. DWACRA groups
 D. Municipal council

28. Vast difference in the income of different sections of people leading to different levels of standards of living can be called as:
A. Economic inequality
B. Economic decentralization
C. Economic differentiation
D. Economic distance
29. Writing inscribed or engraved on stones, coins, metal plates and other objects is:
A. Pictographic script
B. Epitaph
C. Seal
D. Inscription
30. 'Sufi' means:
A. Devotion
B. Purity
C. Reform
D. Renunciation
31. These days the progress made by different countries is compared in terms of
A. The value of the country's currency
B. Gross national/domestic produce
C. Per capita income
D. Per capita income
32. As per census of India, 2011, what is the % of Scheduled Tribes to the total population of India?
A. 8.2
B. 8.6
C. 9.0
D. 9.4
33. The Nalanda University was reestablished in 2010 at:
A. Rajgir
B. Patna
C. Sanchi
D. New Delhi
34. The Headquarters of the World Health Organization is located in:
A. Paris
B. London
C. Geneva
D. New York
35. Which of the following is called a behavioural science?
A. Language science
B. Psychology
C. History
D. Sociology
36. 2014 marks _____ years since the start of the First World War:
A. 50
B. 75
C. 100
D. 200
37. The first census in India after its independence was in the year:
A. 1951
B. 1961
C. 1971
D. 1981
38. Community health workers instituted by Government of India's Ministry of Health and Family Welfare as part of National Rural Health Mission are called:
A. Anganwadi Workers
B. ANMs
C. MPHWs
D. ASHA
39. The number of notified 'Minorities' in India are:
A. 27
B. 9
C. 5
D. 33
40. Which of the following is not a Vital Statistic?
A. Live birth
B. Death
C. Marriage
D. Suicide

SECTION III: LANGUAGE AND COMMUNICATION SKILLS

41. Spot the correct sentence:

- A. He is a man whom I know is trustworthy
- B. He is a man who, I know, is trustworthy
- C. He was a man which I know is trustworthy
- D. He trustworthy man I know

42. Find out the mistake in one of the following sentence:

- A. No less than fifty persons lost their lives in the accident
- B. No fewer than fifty persons lost their lives in the accident
- C. More than fifty persons lost their lives in the accident
- D. Many people lost their lives in the accident

43. Which one of the sentence is correct?

- A. Either one of you two may draw this book from the library
- B. Any one of you two may draw this book from the library
- C. Any of you two may draw this book from the library
- D. Either of you two may draw this book from the library

44. Point out the wrong sentence:

- A. He got into bad company
- B. We are all brothers
- C. He took insult at this
- D. He is my cousin

45. Indicate the correct sentence:

- A. I was second in my class
- B. I stood second in my class
- C. The ship was drowned
- D. I am reading at the high school

46. Which one of the sentence is wrong?

- A. He is giving me trouble
- B. He is treating me badly
- C. He is troubling me
- D. He is bullying me

47. Find the correct sentence:

- A. If I did this I shall be wrong
- B. If I shall do this I shall be wrong
- C. If I do this I shall be wrong
- D. If I will do this I shall be wrong

48. Identify the wrong sentence:

- A. To speak the truth, it is not hot.
- B. In fact, it is not hot.
- C. As a matter of fact, it is not hot
- D. Really speaking it is not hot

SECTION IV: COMPREHENSION

Read the following passage and answer the questions (Questions 61-80) given below:

Throughout Melanesia people believe that the dead return as ghosts causing their surviving kin to fall ill and sometimes to die. We have a conflation in this belief of what are for us, by and large, two virtually independent fields of experience and knowledge: the religious and the medical. We find again that our conceptual categories are inappropriate to deal with what we find in Melanesia. In the same way that our concepts of economics and politics demand sympathetic revision to accommodate Melanesian practices, so too do our ideas relating to religion and medicine. These categories, although difficult to apply unambiguously to many other cultures, are nonetheless firmly established in anthropological writing, and we need to review what their study encompasses before investigating their amalgamation in Melanesian practices.

The study of religion has a long history in anthropology. Indeed it was the exotic and, to early observers, bizarre beliefs found in other parts of the world that attracted many to the study of so-called primitives or savages and led in part to the founding of the discipline. The literature on the subject is vast. We have to decide what is relevant to Melanesia, notably what we shall understand the term 'religion' to refer to which is not easy, for Melanesians have no comparable concept which we can attempt to define. Whatever our definition, it will in some senses distort indigenously voiced conceptions, but the attempt has to be made. We broadly understand religion in South-West Pacific contexts to encompass beliefs in non-empirical forces, that is, forces the existence of which we cannot detect with our senses. Many of these forces are of the kind we commonly call spirits. They can intervene, for good or bad, in the lives of human beings, and the living attempt to manipulate or control them through various rites and observances.

The early anthropologists Tylor and Frazer distinguished religion, which centres on beliefs in spirit forces which affect the living and may be appeased through ritual, from magic, which involves the belief that people can control events by certain potent techniques alone. Durkheim and Mauss maintained that religion is collective and functions to integrate a society, whereas magic is an individual matter, people engaging in it for private ends. Malinowski, whose views were strongly coloured by his Melanesian experiences, argued that religion reduces human beings' general feelings of insecurity in an unpredictable world whereas magic helps them, they think, specifically to control events and achieve some particular end. Contemporary anthropologists tend to eschew such distinctions, maintaining that in many parts of the world they interfere with our understanding of what people believe about these matters. Although this is a sound view, motivated to some extent by a wish to avoid belittling connotations of the word 'magic', there is nonetheless something in the early anthropologists' position that is relevant to Melanesia. When people here engage in actions that they believe to have a

non-empirical or supernatural effect on events, they may conceive these to result from either spirit-like (religious) or ill-defined ethereal (magical) forces. Rather than impose our own cultural categories beforehand, however, we should try to draw these distinctions' out of the ethnography.

In our review of some Melanesian religico-medical beliefs we shall turn to the Orokaiva of the north-east coast of New Guinea. They reside in the shadow of the Owen Stanley Range, which forms the eastern tail of the island's central cordillera. The region experiences considerable seismic activity and includes the active volcano Mount Lamington, which erupted in the 1950s with considerable loss of life. The Orokaiva occupy villages on a forested plain with many extensive grassland clearings that rises inland towards the mountains, where it is dissected by rivers and foothills, and runs down to the coast where it ends in extensive swamps. The region is hot, seasonally very wet, and mosquito-plagued. The Orokaiva's staple is taro, supplemented with other food plants, such as sago, yam, breadfruit and coconut. Fishing also supplies a significant proportion of their diet, especially on the coast. Orokaiva society features patrilineally constituted totemic clans, and people subscribe to an elaborate system of totemic observances centring on plant emblems called *heratu*. The wealth they exchange includes feather, boar's-tusk, dogs'-teeth and sea-shell ornaments and pigs. They have a war-like and cannibalistic reputation, having fiercely resisted European penetration of their region. They initiate young men, revealing ritual objects and knowledge to the novices, and believe that spirit forces are implicated in sickness.

Orokaiva religious beliefs and many of their medical practices centre on two spirit concepts, *asisi* and *sovai*. The representation of these beliefs is exceedingly difficult, as Williams (1930) makes clear, revealing a sensitive awareness long ago of today's much vaunted post-modern conundrums but pushing on in a practical manner with the ethnographic job in hand as an officer of the colonial administration. According to the Orokaiva, all living things, animals and plants, have *asisi*. They call their shadows and reflections *asisi*, and another manifestation of the *asisi* is the image of a person dreamed of; the *asisi* has temporarily left the person's corporeal self in sleep to visit the dreamer. The ethnographer glosses *asisi* as 'spiritual substitute', that is, the immaterial counterpart of living matter, which coexists with its material aspect and sometimes substitutes for its concrete representation. The *asisi* of things may impinge on human life in many ways. A man attributed a stomach ache to his having eaten some unwholesome sugarcane, saying that it was only painful when the wind blew and swayed the cane in his garden. It was the *asisi* of the plant he had consumed that connected his stomach ache with swaying sugarcane; the cane existed for him in his body simultaneously with its tangible existence in his garden.

The *sovai*, in contrast, is associated with dead creatures. When they are living, human beings possess *asisi* like other living matter: at death they become *sovai*. It is tempting to equate the *asisi* spirit force with the *sovai* one, as the living essence that survives death, but although they are closely associated this is not entirely the case. For instance, on

occasion *sovai* may leave living people when they are sick and then return to them. However this only happens when they are near death, and we can legitimately think of *sovai* as spirits of the dead. The Orokaiva vary in their explanations of how and when the *sovai* departs from a corpse and even give contradictory interpretations; it may occur in a flash when the deceased takes his/her last breath, or it may be piecemeal, over a period of several weeks. The Orokaiva say that the maggots which inexplicably appear on a corpse and then disappear are manifestations of the departing *sovai*, and widows, who slept for a period under a shelter on their husband's shallow grave would occasionally winkle out the *sovai* maggots, release them nearby in the forest where they would disappear.

It is apparent that, whereas *asisi* exist together with the physical corporeality of living things, *sovai* exist on their own. They may be invisible and ethereal, when they betray their existence by strange noises or the movement of things. Sometimes they become ghosts which, visible to the living, resemble the deceased. At other times they may take the form of an animal, such as a wallaby or a pig, a lizard or a fish; the Orokaiva particularly identify strange or abnormal creatures (for instance, a snake that wriggles oddly) as *sovai*. The exact relationship of the *sovai* to the animal is ambiguous: some people maintain that the animal is the *sovai*, but the belief that if the creature is killed the *sovai* survives in some other form suggests that the animal is separate. At other times *sovai* appear as fiends or hobgoblins/monstrous hairy and fanged forest creatures that attack people when alone in the bush. Finally, there are the *sovai* of legends and the Orokaiva are undecided whether they emerged long ago from deceased humans.

Although *sovai* may appear anywhere at any time, the Orokaiva believe that they frequent specific localities, which they call 'sovai villages'. These are usually natural features such as hillocks, pools or rock outcrops. The *sovai* roam about from these bases, as living people travel away from their villages. Those of the recently dead haunt their old villages in particular, and those living there do what they can to induce them to leave, notably in the series of mortuary rites following a death. The Orokaiva are unhappy at the prospect of having them in the neighbourhood because they consider them intensely dangerous, capable of causing sickness and even death.

Occasionally the *sovai* may help the living (for example, in hunting), but usually they do them harm (e.g. hinder the hunter, ruin crops with a blight, or even cause natural disasters such as earthquakes). The malicious act most frequently attributed to *sovai* is causing human sickness, and Orokaiva ascribe illness to their malevolent interference more than to any other cause. They may enter the body in immaterial form, causing the person to become ill. They may even be held responsible for sickness by mere evil influence, for example, by touching food, and if someone is unfortunate enough to have ingested a *sovai* in the shape of an animal, then illness is almost inevitable. *Sovai* may also assault people in the forest in the guise of monsters and cause them injury.

The Orokaiva understandably have mixed feelings about the *sovai*. They grieve for deceased relatives and remember them with affection and respect, but they fear *sovai* and regard them with aversion. The latter emotions appear to be uppermost in their minds: 'on the whole the Orokaiva regards his relatives and friends after their death as enemies' (Williams 1930: 283). The Orokaiva also believe that sickness results from sorcery, which demands curative actions of its own. The Orokaiva also accept many minor ailments as inevitable rather than attributable to *sovai* or sorcery attack, and they apply commonsense remedies to these without recourse to supernatural manipulations.

It is on these spirit conceptions that Orokaiva religion and a considerable part of their lore relating to the treatment of sickness centres. When Orokaiva fall sick they withdraw from everyday life, often leaving their *sovai*-frequented village to escape the malign forces there and secluding themselves elsewhere for quiet and rest. This behaviour not only has these therapeutic effects, but also signals to relatives the need for curative action - even obliges them, in a sense, to ensure that the sick person recovers. The Orokaiva conceive of most illnesses, which they call *ambu*, as intrusive elements that enter the body and may leave it again and that may pass from one person to another. The Orokaiva remove the *sovai* presence that causes illness in one of two ways: they make it offerings to persuade it to leave or try to expel it by various ritual techniques.

Offerings of valuables, such as feather or other ornaments or food, are commonly made to appease the *sovai* and persuade them to cease making someone ill. 'It is the very essence of Orokaiva religion to placate them' (Williams 1930: 287). They suspend the wealth on verandahs or at other points in the village for the *sovai*, which, if they find it acceptable, cease their attack and allow the sick person to recover. The Orokaiva also make offerings to ward off disease-inflicting *sovai* attacks. Occasionally people leave gifts for the *sovai* around the village. Sometimes they erect little platforms on which to put offerings, with ladders leading up to them for the *sovai* to gain access. At other times men go around the village beating drums and carrying either a pig lashed to a pole or morsels of cooked food, stopping at intervals to put the animal down or deposit some food, while loudly advertising that they are for the *sovai*.

The long drawn-out series of mortuary ceremonies practised by the Orokaiva is also intended to placate the *sovai* of the recently dead, which they believe to be particularly virulent and dangerous. A funeral is a dangerous time for all, especially for those who hug the corpse in shows of grief, whom the new *sovai* is particularly likely to enter and make sick. The funeral ceremony is marked by exhortations to the new *sovai* from the graveside to go away and not harm its living relatives. The Orokaiva similarly hail the *sovai* at other times, occasionally telling them to go away and leave them alone. The *sovai*, they maintain, reply from the forest with inarticulate cries.

Sometimes a healer will blow on a patient's body and into orifices, such as ears and nostrils while chewing a *sivo* to drive out the illness. Sometimes the healer will massage the illness out, making throwing away motions and perhaps calling on the *sovai* to go

away as he works. An intriguing version of this technique involves the removal of some object from the patient either by sucking or by massage; in some instances the object may travel from the hand up the arm to appear in the mouth. The kinds of things 'removed' include tufts of the hair of the deceased person whose *sovai* is responsible for the illness or slivers of wallaby bone (the diagnosis in this case being that the patient had eaten wallaby when the creature was a *sovai*). In one case a woman massaged a sick baby's neck with potent *sivo* leaves until she 'removed' a mess of chewed betel nut in which there was a pig's tusk. The diagnosis was that the mother had eaten some pork that came from a pig that was a *sovai* and had passed on the spirit infection to her child in her breast milk.

61. The two aspects which are seen amalgamated in Melanesian practices are:
 A. economic and political
 B. religious and political
 C. religious and medical
 D. economic and religious
62. The Melanesian people believe that the ghosts of the dead are:
 A. harmless
 B. benevolent
 C. malevolent
 D. aggressive
63. According to the author, what led in part to the founding of anthropology?
 A. study of exotic beliefs
 B. study of ancient cultures
 C. study of 'primitive' societies
 D. study of primitive agricultural practices
64. Religion in Melanesian context encompass belief in:
 A. spirits
 B. ancestors
 C. gods
 D. empirical forces
65. According to Durkheim the function of religion is to:
 A. solve human problems
 B. integrate the society
 C. save the people from illness
 D. control natural disasters
66. According to the early anthropologists, religion and magic:
 A. integrate the society
 B. reduce insecurity
 C. are collective aspects
 D. are distinct
67. The Orokaiva society is organized into:
 A. patrilineal clans
 B. patrilineal moieties
 C. matrilineal totemic clans
 D. patrilineages
68. The Orokaiva people engage in the exchange of:
 A. pigs' teeth
 B. gold ornaments
 C. feathers
 D. precious stones
69. For the Orokaiva people *heratu* is:
 A. a totemic plant
 B. an animal
 C. a clan god
 D. an ancestor

70. The concept of *asisi* and *sovai* encompass:
- religious beliefs
 - religious beliefs and medical practices
 - religious beliefs and economic practices
 - agricultural practices
71. For the Orokaiva, *asisi* is manifested in:
- non-living things
 - all living things
 - plants
 - images of animals
72. In contrast to *asisi*, *sovai* is associated with:
- ancestors
 - spirits of the dead
 - living creatures
 - animals and plants
73. 'Sovai village' is the place where:
- a person is buried
 - people worship the *sovai*
 - sovai* are frequently seen
 - the Orokaiva people live
74. The *sovai* are considered dangerous since they cause:
- sickness and death
 - sickness and natural disaster
 - death
 - sickness, death and natural disaster
75. The benevolent interference of the *sovai* is witnessed in the form of help and assistance:
- in hunting
 - in building huts
 - in fishing
 - in cultivation
76. The Orokaiva regard their relatives and friends after their death as enemies because they:
- grieve for deceased relatives
 - fear *sovai*
 - remember them with less affection
 - fear the dead
77. For the Orokaiva, *ambu* refers to:
- evil spirits
 - ancestral god
 - illness
 - sick person
78. *Sivo* is consumed by the people to:
- kill oneself
 - drive out the illness
 - get intoxicated
 - get good sleep
79. The Orokaiva appease the *sovai* by making offerings of:
- feathers
 - animals
 - birds
 - flowers
80. An exciting version of the technique of *sivo* treatment involves removing:
- tuft of hair from the deceased person
 - slivers of wallaby bone
 - the pigs' teeth
 - some objects from the patient

SECTION V: QUANTITATIVE APTITUDE AND LOGICAL REASONING

Read the following table and answer QUESTIONS 81 to 87 based on the data in the table

**Distribution of disabled by type of disability, sex, literacy status and residence
(Census of India 2011)**

Type of disability	Sex	Literate			Illiterate		
		Total	Rural	Urban	Total	Rural	Urban
Total disabled population	Persons	14,618,353	9,110,325	5,508,028	12,196,641	9,526,033	2,670,608
Total disabled population	Males	9,348,353	6,031,731	3,316,622	5,640,240	4,378,828	1,261,412
Total disabled population	Females	5,270,000	3,078,594	2,191,406	6,556,401	5,147,205	1,409,196
In Seeing	Persons	2,655,609	1,595,553	1,060,056	2,377,822	1,908,005	469,817
In Seeing	Males	1,645,880	1,027,558	618,322	993,148	793,890	199,258
In Seeing	Females	1,009,729	567,995	441,734	1,384,674	1,114,115	270,559
In Hearing	Persons	2,888,577	1,693,081	1,195,496	2,184,337	1,700,647	483,690
In Hearing	Males	1,752,119	1,065,244	686,875	926,465	719,182	207,283
In Hearing	Females	1,136,458	627,837	508,621	1,257,872	981,465	276,407
In Speech	Persons	1,164,981	668,896	496,085	833,711	635,044	198,667
In Speech	Males	705,927	417,928	287,999	417,060	317,070	99,990
In Speech	Females	459,054	250,968	208,086	416,651	317,974	98,677

81. Which type of disability is more prevalent among all the given disabled population?
 A. Seeing B. Hearing C. Speech D. Movement
82. Which type of disability is least prevalent among all the given disabled population?
 A. Hearing B. Seeing C. Movement D. Speech
83. What is the percentage of Illiterate-rural females with seeing disability?
 A. 35.59 B. 41.60 C. 64.40 D. 58.39
84. Which type of disability is more prevalent in literate-urban-females?
 A. Hearing B. Movement C. Speech D. Seeing
85. What is the percentage of literate-urban-males in speech disability?
 A. 41.94 B. 50.33 C. 58.05 D. 49.66

86. Which of the following is/are true?
 a. Seeing disability is more prevalent among the literate-urban-males than literate-urban-females.
 b. Speech disability is less among the literate-urban-males than the literate-urban-females.
 c. Seeing disability is more prevalent among illiterate-rural-females than illiterate-rural-males.
- A. a & b. B. a & c C. b & c D. a, b & c
87. Which of the following is false?
 a. Speech disability is more among the illiterate-urban-males than the illiterate-urban-females.
 b. Hearing disability is more among the illiterate-rural-females than the literate-rural-females.
- A. Both a & b B. Only a C. Only b D. None of the above
88. By referring B, A said to C that she is the grand-daughter of my father's only son. How is B related to A?
 A. Daughter B. Sister C. Grand-daughter D. Mother
89. BDFH is coded as YWUS, how ACEG is coded _____
 A. ZYXW B. ZXVT C. YXWV D. WXYZ
90. ABCD is coded as 30, how EFGH is coded _____
 A. 26 B. 52 C. 174 D. 78
91. If 3rd of a month is Wednesday, what will be the day on 29th of that month?
 A. Sunday B. Monday C. Tuesday D. Thursday
92. Find the odd man out 6, 13, 22, 32, 45, 61
 A. 61 B. 22 C. 45 D. 13
93. The distance between City A and City B is 540 km. A bus starts from City A at 8 p.m. and reaches City B at 5 a.m. Find the speed of the bus.
 A. 76.5 km/hour B. 60 km/hour C. 70 km/hour D. 54 km/hour
94. Find the missing number in the proportion 7:_____:: 70:100
 A. 10 B. 63 C. 30 D. 93
95. What is the decimal of $\frac{5}{8}$?
 A. $62\frac{1}{2}$ B. 0.0625 C. 0.625 D. 0.40
96. If $C + D = 7$ and $R - Q = 1$, find the value of $S \times W$.
 A. 42 B. 438 C. 437 D. 473

97. A girl starts from her house and drives 17 km towards west, turns left and cover 12 km, then turns right and covers 19 km. To which direction she is now driving?
A. East B. West C. North D. South

98. How many "m"s are preceded by "n" in the following sequence of letters?

m n m n n m m n m n m m m u u m n m n n m m m n

A. 4 B. 2 C. 1 D. 3

99. Out of 80 employees of a college, one-fourth have scooters, one-half have cars and one-tenth have scooters and cars both. How many have neither scooter nor car?

A. 32 B. 28 C. 12 D. 48

100. A is the son of B. B is the mother of C. C is the daughter of D. What is D to A?

A. Mother B. Brother C. Sister D. Father