|  |
| --- |
| **SKYWARD SEN. SEC. SCHOOL**  **UNIT TEST -1 : 2019-20**  **CLASS – XI SET - B**  **SUBJECT : Subject Name**  Time: 2 hour M.M.50  Name of student :……………………………………………………………….....Date : 22-Jul-2019  Roll No. : ………………………………………………………………………………...Day : Monday  Instructions: 1. All Questions are compulsory.  However internal choice is given.  2. Don’t write anything on the question paper except the entries  which are required to be filled.  **SKYWARD SEN. SEC. SCHOOL**  **UNIT TEST -1 : 2019-20**  **CLASS – XI SET - B**  **SUBJECT : Subject Name**  Time: 2 hour M.M.50  Name of student :……………………………………………………………….....Date : 22-Jul-2019  Roll No. : ………………………………………………………………………………...Day : Monday  Instructions: 1. All Questions are compulsory.  However internal choice is given.  2. Don’t write anything on the question paper except the entries  which are required to be filled. |

|  |
| --- |
|  |