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Formulário para respostas

For automatic analysis

Nome:	Invigilator	ID number
Sobrenome:		
Signature:		0
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Grupo: A X B C D E F		2 🗌 🗎 🗎 🗎 🗎 2
	3 🗆 🗆 🗆 🗆 🗆 3	
This answer form will be scanned automatically. Please do not fold or spot. Upen to mark the fields:	se a black or blue	4 🗆 🗆 🗆 🗆 🗆 🗆 4
		5 🗆 🗆 🗆 🗆 🗆 5
Only clear markings can be interpreted correctly! If you want to correct a marking, completely fill the box with color. This field will be interpreted like an empty box:		6 🗆 🗆 🗆 🗆 🗆 🕳
		7 🗆 🗆 🗆 🗆 🗆 7
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Corrected boxes cannot be marked again. Please do not write anything outside	de of the boxes.	9 🗌 🗎 🗎 🗎 9
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