

# T.C. İNKILAP TARİHİ VE ATATÜRKÇÜLÜK - 8. SINIF LİSELERE GİRİŞ SINAVI

## DENEME 13

Adı-Soyadı:

| TEST | 1                     | 2                     | 3                                | 4                     | 5                     | 6                                | 7                     | 8                     | 9                                | 0                     |
|------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 3    | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 0    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 4    | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |

A B C D

1

2

3

4

5

6

7

8

9

10



Akilli  
Optik  
Okuma

Lütfen form üzerindeki karelere karalama yapmayın.  
Aksi takdirde formunuz okunamayacaktır.

Adı-Soyadı:

| TEST | 1                     | 2                                | 3                     | 4                                | 5                     | 6                     | 7                     | 8                     | 9                                | 0                                |
|------|-----------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|
| 3    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| 0    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 7    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            |
| 4    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |

A B C D

1

2

3

4

5

6

7

8

9

10



Akilli  
Optik  
Okuma

Lütfen form üzerindeki karelere karalama yapmayın.  
Aksi takdirde formunuz okunamayacaktır.

Adı-Soyadı:

| TEST | 1                     | 2                                | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                                | 0                     |
|------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 3    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 0    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |

A B C D

1

2

3

4

5

6

7

8

9

10



Akilli  
Optik  
Okuma

Lütfen form üzerindeki karelere karalama yapmayın.  
Aksi takdirde formunuz okunamayacaktır.

Adı-Soyadı:

| TEST | 1                     | 2                                | 3                     | 4                                | 5                     | 6                     | 7                     | 8                     | 9                                | 0                     |
|------|-----------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|
| 3    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 0    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 7    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4    | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> |

A B C D

1

2

3

4

5

6

7

8

9

10



Akilli  
Optik  
Okuma

Lütfen form üzerindeki karelere karalama yapmayın.  
Aksi takdirde formunuz okunamayacaktır.