

Adı-Soyadı: _____

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|------|---|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|----------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| TEST | 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"/> |
| | 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"/> |
| | 8 | <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"/> |
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| | A | B | C | D |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Optik
OkumaLütfen form üzerindeki karelere karalama yapmayınız.
Aksi takdirde formunuz okunamayacaktır.

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