

Adı-Soyadı: _____

	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 type="radio"/>	<input checked="" type="radio"/>
9	<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"/>
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	A	B	C	D
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10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Akılı
Optik
Okuma

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

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