



Ministry of Education
Government of India

JEE(Main) 2021



राष्ट्रीय परीक्षा एजेंसी
National Testing Agency
Excellence in Assessment

Name:

Application No:

Challenges regarding Answer Key

Candidate Details

Application Number :	Roll Number :
Candidate's Name :	Date of Birth :
Father's Name :	Mother's Name :

Claimed Answer Key List

Question Type	QuestionID	Correct Option(s)/ Answers	Option(s) ID for Challenge
Objective	8643513511	86435110531	<input type="checkbox"/> 86435110531 <input type="checkbox"/> 86435110532 <input type="checkbox"/> 86435110533 <input type="checkbox"/> 86435110534
Objective	8643513512	86435110535	<input type="checkbox"/> 86435110535 <input type="checkbox"/> 86435110536 <input type="checkbox"/> 86435110537 <input type="checkbox"/> 86435110538
Objective	8643513513	86435110540	<input type="checkbox"/> 86435110539 <input type="checkbox"/> 86435110540 <input type="checkbox"/> 86435110541 <input type="checkbox"/> 86435110542
Objective	8643513514	86435110545	<input type="checkbox"/> 86435110543 <input type="checkbox"/> 86435110544 <input type="checkbox"/> 86435110545 <input type="checkbox"/> 86435110546
Objective	8643513515	86435110548	<input type="checkbox"/> 86435110547 <input type="checkbox"/> 86435110548 <input type="checkbox"/> 86435110549 <input type="checkbox"/> 86435110550
Objective	8643513516	86435110554	<input type="checkbox"/> 86435110551 <input type="checkbox"/> 86435110552 <input type="checkbox"/> 86435110553 <input type="checkbox"/> 86435110554

Objective	8643513517	86435110557	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110555 86435110556 86435110557 86435110558	
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Objective	8643513519	86435110564	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110563 86435110564 86435110565 86435110566	
Objective	8643513520	86435110568	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110567 86435110568 86435110569 86435110570	
Objective	8643513521	86435110573	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110571 86435110572 86435110573 86435110574	
Objective	8643513522	86435110577	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110575 86435110576 86435110577 86435110578	
Objective	8643513523	86435110580	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110579 86435110580 86435110581 86435110582	
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Objective	8643513526	86435110594	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110591 86435110592 86435110593 86435110594	
Objective	8643513527		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110595 86435110596 86435110597 86435110598	
Objective	8643513528	86435110600	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110599 86435110600 86435110601 86435110602	
Objective	8643513529	86435110606	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110603 86435110604 86435110605 86435110606	
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Descriptive	8643513534	3	<input type="text"/>			
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Descriptive	8643513536	640	<input type="text"/>			
Descriptive	8643513537	4	<input type="text"/>			
Descriptive	8643513538	5	<input type="text"/>			
Descriptive	8643513539	3	<input type="text"/>			
Descriptive	8643513540	25	<input type="text"/>			
Objective	8643513541	86435110621	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513542	86435110625	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513543	86435110629	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513544	86435110635	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513545	86435110638	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513546	86435110641	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513547	86435110647	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513550	86435110659	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513551	86435110664	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513552	86435110666	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513554	86435110675	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513555	86435110680	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513556	86435110681	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513557	86435110688	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513559	86435110694	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513560	86435110698	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Descriptive	8643513567	27	<input type="text"/>			
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Objective	8643513572	86435110717	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective	8643513573	86435110722	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110719 86435110720 86435110721 86435110722
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Objective	8643513576	86435110731	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110731 86435110732 86435110733 86435110734
Objective	8643513577	86435110735	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110735 86435110736 86435110737 86435110738
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Objective	8643513579	86435110746	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110743 86435110744 86435110745 86435110746
Objective	8643513580	86435110748	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110747 86435110748 86435110749 86435110750
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Objective	8643513582	86435110757	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110755 86435110756 86435110757 86435110758
Objective	8643513583	86435110760	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110759 86435110760 86435110761 86435110762
Objective	8643513584	86435110766	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110763 86435110764 86435110765 86435110766
Objective	8643513585	86435110767	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86435110767 86435110768 86435110769 86435110770
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Descriptive	8643513593	2	<input type="text"/>			
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Descriptive	8643513599	486	<input type="text"/>			
Descriptive	8643513600	2020	<input type="text"/>			

Claimed Answer Key ListUpload Document:

No file chosen

In case the candidates want to submit documents in support of challenge of answer key, they should upload the PDF file.

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