# 

# SelQurATAhon2021

Name of Submitter : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization of Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [Type the question here]
   1. Type the option here
   2. Type the option here
   3. Type the option here
   4. Type the option here

Mention correct option

Reasons for the correct option

Please mention the category of the question

1. [Type the question here]
   1. Type the option here
   2. Type the option here
   3. Type the option here
   4. Type the option here

Mention correct option

Reasons for the correct option

Please mention the category of the question

1. [Type the question here]
   1. Type the option here
   2. Type the option here
   3. Type the option here
   4. Type the option here

Mention correct option

Reasons for the correct option

Please mention the category of the question

1. [Type the question here]
   1. Type the option here
   2. Type the option here
   3. Type the option here
   4. Type the option here

Mention correct option

Reasons for the correct option

Please mention the category of the question

1. [Type the question here]
   1. Type the option here
   2. Type the option here
   3. Type the option here
   4. Type the option here

Mention correct option

Reasons for the correct option

Please mention the category of the question