Indicate the question number in this margin	Question No:..... Write on both sides of the paper	Leave this margin for examiners use

ONE VISION EXAMINATIONS CENTER (OVEC)

SCHOOL NUMBER
CANDIDATE'S FULL INDEX NO.

Candidate's Name :.....

Candidate's Form :..... **Signature** : .....

Title of Paper : ..... **Date** :.....

DIRECTIONS TO CANDIDATES

1. Write your **Index Number**, **Your Name**, the **Title** of paper, **Form**, **Signature** and the **Date** of examination in spaces provided above.
2. Write on both sides of the paper unless otherwise instructed on the question paper.
3. Begin each answer to a question **on fresh page**. Leave two lines between answers where these are sub sections to the same question.
4. Write the **number of each question at the top of each page**.
5. You are warned that when marking the scripts, examiners attach importance to accuracy and clearness of expression.
6. **Any rough work should be done in your answer book** and should be crossed out but not in such a way that it cannot be read.
7. If supplementary answer sheets are used, you must tie them to the back of this book, with string. **The fastening should be done in the form of a loop so that the pages can be opened freely**. Do not write on any supplementary sheet unless all the leaves in this book are used up. On no account may you tear up any of this book.
8. You are not allowed under any circumstance **to remove answer books or supplementary answer sheets,** used or unused, from the examination hall, and you must ensure that you hand over your script to the invigilator before leaving the examination hall.
9. Write in the space provided below, the **NUMBER OF QUESTIONS YOU HAVE ANSWERED** in order in which you have written them.

For Examiner's Use Only	
Question Number	Marks
TOTAL	

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Indicate the question number in this margin

Question No:.....
Write on both sides of the paper

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Question No:.....
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