



PSS 2024 – EDITAL Nº 51/2024

CARTÃO DE RESPOSTAS

Nome completo: _____

CPF: _____

() Afrodescendente

() Pessoa com deficiência

Assinatura

Questão	Alternativas			
1	A	<input type="checkbox"/>	C	D
2	<input type="checkbox"/>	B	C	D
3	A	B	<input type="checkbox"/>	D
4	<input type="checkbox"/>	B	C	D
5	A	B	C	<input type="checkbox"/>
6	A	<input type="checkbox"/>	C	D
7	<input type="checkbox"/>	B	C	D
8	A	B	<input type="checkbox"/>	D
9	A	B	C	<input type="checkbox"/>
10	A	<input type="checkbox"/>	C	D
11	A	B	<input type="checkbox"/>	D
12	A	B	<input type="checkbox"/>	D
13	A	<input type="checkbox"/>	C	D
14	A	B	C	<input type="checkbox"/>
15	A	<input type="checkbox"/>	C	D

Questão	Alternativas			
16	A	B	C	<input type="checkbox"/>
17	A	<input type="checkbox"/>	C	D
18	<input type="checkbox"/>	B	C	D
19	A	B	C	<input type="checkbox"/>
20	A	<input type="checkbox"/>	C	D
21	A	B	C	<input type="checkbox"/>
22	A	B	<input type="checkbox"/>	D
23	A	B	C	<input type="checkbox"/>
24	A	<input type="checkbox"/>	C	D
25	A	B	C	<input type="checkbox"/>
26	<input type="checkbox"/>	B	C	D
27	A	B	<input type="checkbox"/>	D
28	A	<input type="checkbox"/>	C	D
29	A	B	C	<input type="checkbox"/>
30	A	<input type="checkbox"/>	C	D