

CARTÃO RESPOSTA

**PROVA DO PROCESSO DE ESCOLHA PARA CONSELHEIRO TUTELAR NO MUNICÍPIO DE BOTUVERÁ - SC
PERÍODO 2020 A 2023**

CANDIDATA(O)

Nome: _____
 CPF: _____ - _____ - _____ Data: ____ / ____ / ____

ASSINE O SEU CARTÃO RESPOSTA.

Marque assim: preenchendo toda a quadrícula.

31/07/2019

1	<input type="checkbox"/>	B	C	D	6	A	B	<input type="checkbox"/>	D	11	A	B	<input type="checkbox"/>	D	16	A	B	<input type="checkbox"/>	D
2	A	B	C	<input type="checkbox"/>	7	<input type="checkbox"/>	B	C	D	12	A	B	C	<input type="checkbox"/>	17	A	B	C	<input type="checkbox"/>
3	A	B	<input type="checkbox"/>	D	8	A	<input type="checkbox"/>	C	D	13	A	<input type="checkbox"/>	C	D	18	A	B	<input type="checkbox"/>	D
4	A	B	C	<input type="checkbox"/>	9	A	B	<input type="checkbox"/>	D	14	A	B	<input type="checkbox"/>	D	19	<input type="checkbox"/>	B	C	D
5	A	<input type="checkbox"/>	C	D	10	<input type="checkbox"/>	B	C	D	15	<input type="checkbox"/>	B	C	D	20	A	<input type="checkbox"/>	C	D

Assinatura da(o) Candidata (o)

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1	<input type="checkbox"/>	B	C	D	1	<input type="checkbox"/>	B	C	D	1	<input type="checkbox"/>	B	C	D	1	<input type="checkbox"/>	B	C	D
2	A	B	C	<input type="checkbox"/>	2	A	B	C	<input type="checkbox"/>	2	A	B	C	<input type="checkbox"/>	2	A	B	C	<input type="checkbox"/>
3	A	B	<input type="checkbox"/>	D	3	A	B	<input type="checkbox"/>	D	3	A	B	<input type="checkbox"/>	D	3	A	B	<input type="checkbox"/>	D
4	A	B	C	<input type="checkbox"/>	4	A	B	C	<input type="checkbox"/>	4	A	B	C	<input type="checkbox"/>	4	A	B	C	<input type="checkbox"/>
5	A	<input type="checkbox"/>	C	D	5	A	<input type="checkbox"/>	C	D	5	A	<input type="checkbox"/>	C	D	5	A	<input type="checkbox"/>	C	D
6	A	B	<input type="checkbox"/>	D	6	A	B	<input type="checkbox"/>	D	6	A	B	<input type="checkbox"/>	D	6	A	B	<input type="checkbox"/>	D
7	<input type="checkbox"/>	B	C	D	7	<input type="checkbox"/>	B	C	D	7	<input type="checkbox"/>	B	C	D	7	<input type="checkbox"/>	B	C	D
8	A	<input type="checkbox"/>	C	D	8	A	<input type="checkbox"/>	C	D	8	A	<input type="checkbox"/>	C	D	8	A	<input type="checkbox"/>	C	D
9	A	B	<input type="checkbox"/>	D	9	A	B	<input type="checkbox"/>	D	9	A	B	<input type="checkbox"/>	D	9	A	B	<input type="checkbox"/>	D
10	<input type="checkbox"/>	B	C	D	10	<input type="checkbox"/>	B	C	D	10	<input type="checkbox"/>	B	C	D	10	<input type="checkbox"/>	B	C	D
11	A	B	<input type="checkbox"/>	D	11	A	B	<input type="checkbox"/>	D	11	A	B	<input type="checkbox"/>	D	11	A	B	<input type="checkbox"/>	D
12	A	B	C	<input type="checkbox"/>	12	A	B	C	<input type="checkbox"/>	12	A	B	C	<input type="checkbox"/>	12	A	B	C	<input type="checkbox"/>
13	A	<input type="checkbox"/>	C	D	13	A	<input type="checkbox"/>	C	D	13	A	<input type="checkbox"/>	C	D	13	A	<input type="checkbox"/>	C	D
14	A	B	<input type="checkbox"/>	D	14	A	B	<input type="checkbox"/>	D	14	A	B	<input type="checkbox"/>	D	14	A	B	<input type="checkbox"/>	D
15	<input type="checkbox"/>	B	C	D	15	<input type="checkbox"/>	B	C	D	15	<input type="checkbox"/>	B	C	D	15	<input type="checkbox"/>	B	C	D
16	A	B	<input type="checkbox"/>	D	16	A	B	<input type="checkbox"/>	D	16	A	B	<input type="checkbox"/>	D	16	A	B	<input type="checkbox"/>	D
17	A	B	C	<input type="checkbox"/>	17	A	B	C	<input type="checkbox"/>	17	A	B	C	<input type="checkbox"/>	17	A	B	C	<input type="checkbox"/>
18	A	B	<input type="checkbox"/>	D	18	A	B	<input type="checkbox"/>	D	18	A	B	<input type="checkbox"/>	D	18	A	B	<input type="checkbox"/>	D
19	<input type="checkbox"/>	B	C	D	19	<input type="checkbox"/>	B	C	D	19	<input type="checkbox"/>	B	C	D	19	<input type="checkbox"/>	B	C	D
20	A	<input type="checkbox"/>	C	D	20	A	<input type="checkbox"/>	C	D	20	A	<input type="checkbox"/>	C	D	20	A	<input type="checkbox"/>	C	D