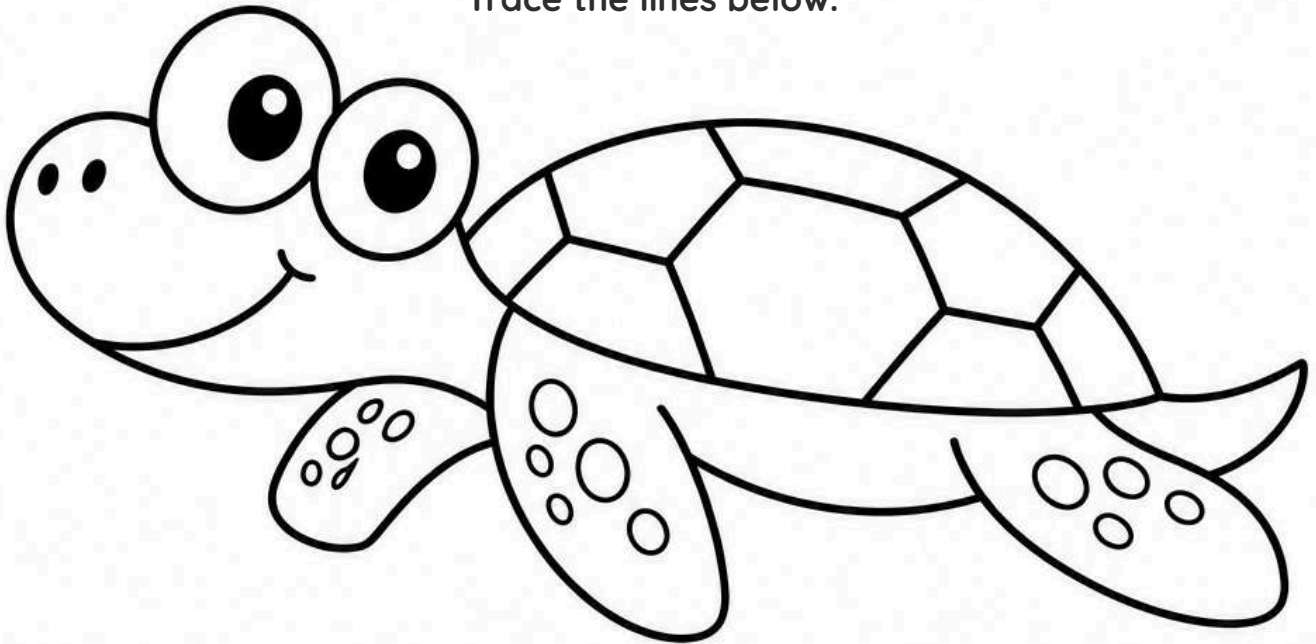


Name: Subject:

Class/Section: Roll No: Date:

Pencil Controls

Trace the lines below.



Teacher's Signature: _____

Worksheet No:

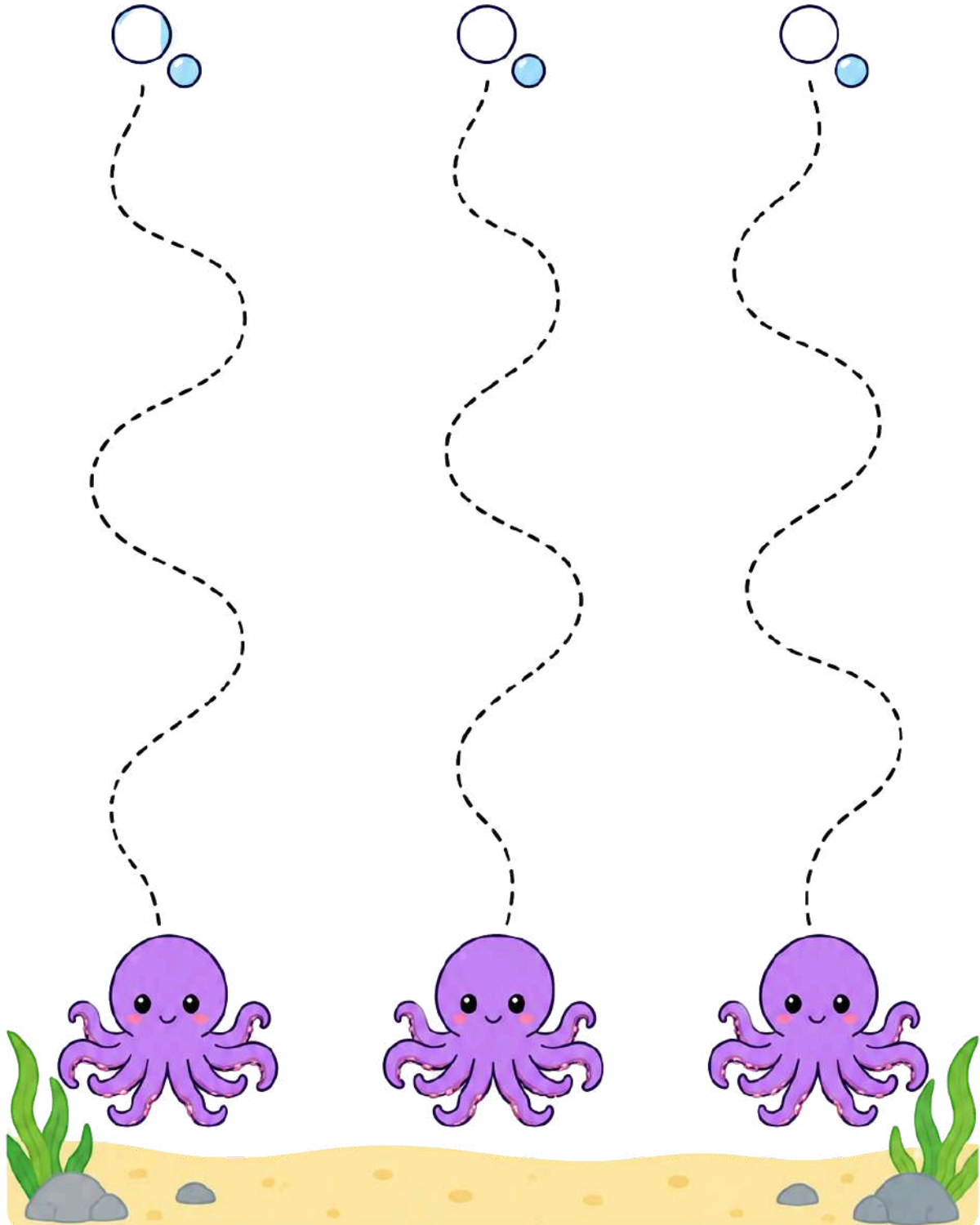
1

Name: Subject:

Class/Section: Roll No: Date:

Pencil Controls

Trace the lines below.



Teacher's Signature: _____

Worksheet No:

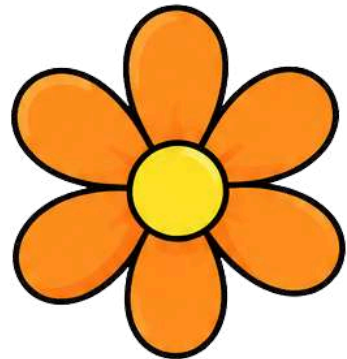
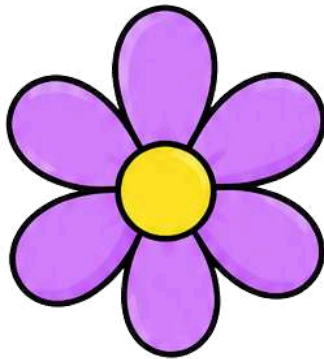
2

Name: Subject:

Class/Section: Roll No: Date:

Pencil Controls

Trace the lines below.



Teacher's Signature: _____

Worksheet No:

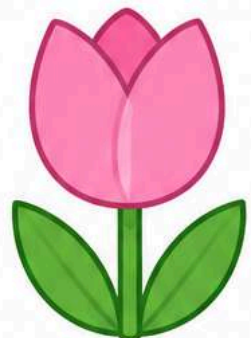
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Name: Subject:

Class/Section: Roll No: Date:

Pencil Controls

Trace the lines below.



Teacher's Signature: _____

Worksheet No:

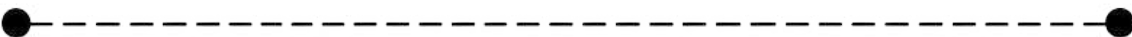
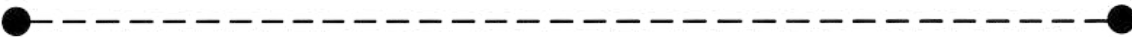
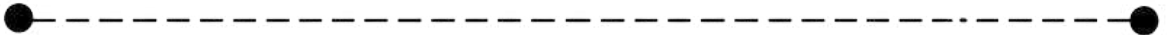
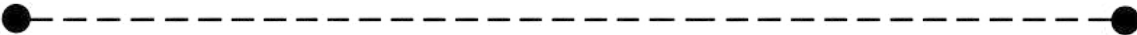
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Name: Subject:

Class/Section: Roll No: Date:

Pencil Controls

Trace the lines below.



Teacher's Signature: _____

Worksheet No:

5