



1er Apellido / 1er Cognom	2º Apellido / 2º Cognom	Nombre / Nom
D.N.I.		Plaza a cubrir / Lloc a cobrir
Ejercicio / Exercici		Fecha / Data

Firma del opositor / Firma de l'opositor

PLANTILLA CORREGIDA 2º EXAMEN

HOJA DE TEST / FULL DE TEST				
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2	<input checked="" type="checkbox"/>	B	C	D
3	A	<input checked="" type="checkbox"/>	C	D
4	A	B	<input checked="" type="checkbox"/>	D
5	A	<input checked="" type="checkbox"/>	C	D
6	<input checked="" type="checkbox"/>	B	C	D
7	<input checked="" type="checkbox"/>	B	C	D
8	<input checked="" type="checkbox"/>	B	C	D
9	A	B	<input checked="" type="checkbox"/>	D
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12	<input checked="" type="checkbox"/>	B	C	D
13	<input checked="" type="checkbox"/>	B	C	D
14	A	<input checked="" type="checkbox"/>	C	D
15	A	B	C	<input checked="" type="checkbox"/>
16	A	B	C	<input checked="" type="checkbox"/>
17	A	B	<input checked="" type="checkbox"/>	D
18	A	B	C	<input checked="" type="checkbox"/>
19	A	B	<input checked="" type="checkbox"/>	D
20	<input checked="" type="checkbox"/>	B	C	D
21	A	B	C	<input checked="" type="checkbox"/>
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23	A	<input checked="" type="checkbox"/>	C	D
24	<input checked="" type="checkbox"/>	B	C	D
25	A	B	<input checked="" type="checkbox"/>	D
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27	A	B	C	D
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31	A	B	C	D
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33	A	B	C	D
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96	A	B	C	D
97	A	B	C	D
98	A	B	C	D
99	A	B	C	D
100	A	B	C	D