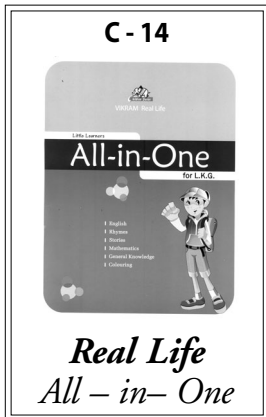


Name : Section : Roll No :



HALF-YEARLY EXAMINATIONS

Oral Test

MARKS 50

Class : L.K.G.

Time : 2½ Hours

School Stamp

1. What is your name ? (5)
2. What is your father ? (5)
3. Where is your school ? (5)
4. Do you like to watch T.V. ? (5)
5. How do you greet your teacher ? (5)
6. Who is your drill teacher ? (5)
7. What is your mother's name ? (5)
8. What do you say when you want something ? (5)
9. Where should you throw waste paper ? (5)
10. Who brings you to school ? (5)



