



8666

Група: A B C Одговори на тест питања из
БИОЛОГИЈЕ

БРОЈ ОДГОВОРА

БРОЈ ПИТАЊА

| | | | | | | | | | |
|----|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 | 16 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 |
| 2 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | 17 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 18 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 4 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | 19 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 20 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 6 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | 21 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 |
| 7 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 22 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 8 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 23 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 9 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 | 24 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 |
| 10 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | 25 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 |
| 11 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 26 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 12 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 | 27 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 |
| 13 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 28 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 |
| 14 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 | 29 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 15 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 30 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

Storabici

Одговори на тест питања из
ХЕМИЈЕ

БРОЈ ОДГОВОРА

БРОЈ ПИТАЊА

| | | | | | | | | | |
|----|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 11 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 2 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 12 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 3 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | 13 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 |
| 4 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 14 | <input checked="" type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 5 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | 15 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 |
| 6 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | | | | | |
| 7 | <input type="radio"/> 1 | <input checked="" type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | | | | | |
| 8 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | | | | | |
| 9 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input checked="" type="radio"/> 3 | <input type="radio"/> 4 | | | | | |
| 10 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input checked="" type="radio"/> 4 | | | | | |

Carpenter
Medicinal

8666

Место за број пријаве
(лепи дежурни)

Име _____

Презиме _____

Име родитеља _____

Број пријаве _____