

विशेषज्ञ

नाम: _____

दिनांक: _____

0	7				D		6	3	E		1	8			9
	5	6				7			4						
					A								0		6
					9		B								5
B			2	5											C
									0					8	
								6	C		B				
							D		A						
			E					D				B			
								0			3	2			
	D							4							
	1	3	9			4			B	7		0			
		2							D	1				C	
7								8				6	2		
3			A	1			0					F			
							7		F				A		



		1							B					
3	8			A										
	B					C	0		4					
	3	4				9				2				
	2		8		4	0	A					D	7	C
9														
		6	C		5		B					3		E
	5		E	0		1	F	6						C
												F		5
	1				C			8	E	9				
		C		B					F		3			
	9		1								2	B	C	
				D	A		9							
	A					4		9	8					
4		3										8		



