

विशेषज्ञ

नाम: _____

दिनांक: _____

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



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



