

School Name/Stamp

Worksheet No. 40

Date / /

Name: _____

CW

Roll No.: _____ Section _____









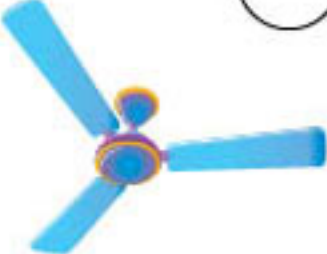
HW



LIVING OR NON-LIVING?



Tick the living thing. Cross out the non-living things.

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

