

**Exam Superintendent REPORT CCC EXAMINATION**

Name																														
Exam Centre Code	Address of the Examination Centre																													
Exam Date	D	D	M	M	Y	Y	Y	Y	T O										D	D	M	M	Y	Y	Y	Y				

(Only Tick the Option)

- Whether Printed Attendance sheets were clear?
- Whether Attendance sheets kept under proper custody?
- Whether the building, condition of furniture, parking and infrastructure suitable for an examination
- Whether availability of safe drinking water?
- Whether the computer rooms were equipped with proper power backup and redundant internet lines
- Whether the examination venue address was same as mentioned in the hall tickets?
- Whether the number of allotted Invigilators present
- Whether the supervision was effective?
- Whether Roll Numbers on Attendance sheets were duly verified by the Invigilators
- Whether identity of the candidates verified by Invigilators/Exam Superintendant
- Whether any case(s) of use of unfair means by candidates detected during the course of your visit
- If yes, Roll No. (s) of candidate(s) reported
- Whether any case(s) of mass cheating detected during the course of your visit?
- Your comment on the overall assessment of Examination Centre's functioning:

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

---

---

---

---

---

---

---

---

Name:  
Designation:  
Address:  
Telephone No.  
Email:

Signature:  
Date: