

Ch. Charan Singh University, Meerut

Exam Center Observer Daily Report

Name of Exam Center..... Center Code.....

Name of Observer..... Date.....

Exam Shift----- No. of Students-----Total No. of Exam Room-----Room with 2 camera-----

I/II Room with 1 camera----- Room without camera-----

Details of Invigilators :

(a) Approved Teachers as Invigilators(Mention the Number). :.....

(b) Whether the Invigilator(s) performing duty in exam paper belong to his/her specialization ? :Yes/No

If yes, Number :

Non-Approved Teachers as Invigilator(s) (Mention the Number) :.....

Whether the Invigilator(s) performing duty in exam paper belong to his/her specialization ? : Yes/No

If yes, Number :

Name of Asstt. Exam Suptt.

1.

2.

3.

4.

Name of Add. Center Suptt. :

Name of Senior Center Suptt./College Principal :

D.V.R. Link : Yes/No.----- Link URL-----

WhatsApp Video being sent in every shift : Yes/No. -----

Observer Comments :-----

Important Note:

Daily report is mandatory to be sent by email on dyregistrarexam@ccsuniversity.ac.in on daily basis.

Signature of observer