

COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA, BHUBANESWAR**DAILY ATTENDANCE REGISTER**

Date of Commencement

Name of the Evaluation Centre Subject/ Paper

Name of the Chief Examiner

Sl. No.	Name & Designation & College Address	DATES											No. of days present
	CHIEF												
	Scrutinizer												
1.													
2.													
	Asst. Examiner (Full Name) and Address												
1.													
2.													
3.													
4.													

P.T.O.

Sl. No.	Name & Designation	DATES												No. of days present
5.														
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10.														
11.														
12.														
13.														
14.														
15.														

N.B. - Each should put his short signature, on the
dates he/she remains present.

ZONE SUPERVISOR