

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. | | | | | | | | | | | | | | |

| Sl. No. | Name & Designation | DATES | | | | | | | | | | | | No. of days present |
|------------|--------------------|-------|--|--|--|--|--|--|--|--|--|--|--|---------------------------|
| | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | |

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

ZONE SUPERVISOR