



Examination confidential
CHSE Form No. 6

COUNCIL OF HIGHER SECONDARY EDUCATION, ODISHA
C-2, PRAJNAPITHA, SAMANTAPUR, BHUBANESWAR – 751013
MEMO FORM

College Code No

STATEMENT OF DETAILS OF THE CONTENTS THE PACKET OF ANSWER BOOKS

From

The Superintendent

To

Dr./Mr./Mrs.....

Examination Annual/ Instant 20 Subject & Paper			
Date of Examination Sitting			
Date of Dispatch of Answer Books			
Number of Answer Books in Packet (in figures & words)			
A	The Packet contains the Answer Books of the following Roll Nos. [The packet not to contain scripts of malpractice case]	SERIAL NO. OF MAIN ANSWER SCRIPT(S)	
		FROM	TO
		Total scripts sent to zone	
B.	Roll Numbers of Centre Change Candidates		
C.	Absentee Roll Numbers		
D.	Malpractice cases detected: Roll Numbers..... [Scripts to be sent to the Controller by Name]		

Full Signature of Superintendent
(SEAL)

- Note: 1. 4(Four) copies of this statement should be prepared & 2 copies be enclosed with the packet of Answer Books sent to valuation Zone. One copy be sent to the Council.
2. The Zonal Supervisor should immediately, on receipt of the packet, verify contents. If any Answer Book is missing, that should immediately inform the Centre Superintendent and the Controller about it. Any extra Answer Book found in the packet should be sent to the Controller.
3. If any Answer papers are to be coded, one copy of the Memo should be handed over to the Coding Deputy Supervisor.