



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 ..... To .....  
The Superintendent ..... 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.