



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

PROFORMA FOR THE SCRUTINISER

(To be Submitted Through the Chief Examiner on Completion of Valuation.)

SUBJECT _____ PAPER _____

[Examination: Annual / Instant 20 _____]

1. Name of the Valuation Zone _____

2. Name of the Scrutinizer _____

Designation and Full College Address _____

3. Period of Assignment: From: _____ To _____

4. Name of the Chief: _____

Designation & Address _____

1. Name of the Asst. Examiner: _____

Designation & Address: _____

Roll No/ Code No.
of scripts valued
by the Examiner }

2. Name of the Asst. Examiner: _____

Designation & Address: _____

Roll No/ Code No.
of scripts valued
by the Examiner }

3. Name of the Asst. Examiner: _____

Designation & Address: _____

Roll No./Code No
of scripts valued
By the Examiner }

4. Name of the Asst. Examiner:

Designation & Address:

Roll No/ Code No.
of scripts valued
by the Examiner }

5. Name of the Asst. Examiner:

Designation & Address:

Roll No/ Code No.
of scripts valued
by the Examiner }

6. Name of the Asst. Examiner:

Designation & Address:

Roll No/ Code No.
of scripts valued
by the Examiner }

7. Name of the Asst. Examiner:

Designation & Address:

Roll No/ Code No.
of scripts valued
by the Examiner }

8. Name of the Asst. Examiner:

Designation & Address:

Roll No/ Code No.
of scripts valued
by the Examiner }

Countersigned

Chief Examiner

Scrutinizer