



TOP SECRET

COUNCIL OF HIGHER SECONDARY EDUCATION, ODIsha

C - 2, PRAJNAPITHA, SAMANTAPUR, BHUBANESWAR - 751013

REPORT FORM FOR OBSERVER /FLYING SQUADS

[Write Yes or No - and brief description wherever necessary. Obtain the certificate from the centre supdt. at Sl. No. 24 before filling in this form.]

1. CHSE Examinations - Annual / Instant 20 _____
2. Name & Address of the examination Centre supervised with Code No. _____

3. Date _____ Sitting _____ Subject(s) /Paper(s) _____

4. Time of Arrival at the..... Centre Departure time
[to be mentioned with exact correctness]
5. Name, Designation & Address of the Superintendent of the Centre

6. Total No. of candidates appearing stream-wise Arts.....Comm:Sc.....
TOTAL: _____
7. Total No. of invigilators and Rooms / halls [Room wise seat chart with names of Invigilators must be attached]. Room..... Invigilators.....
8. a] Is there any Sick Room?
b] No of sick candidates appearing with Roll No. [Attach separate sheet if necessary]

c] Medical Certificates of such candidates verified. _____
9. Gate checking done [by the College authorities]
10. Participated in Gate checking.....
11. General conditions around the examination hall - Peaceful / Disturbing [If disturbing a brief description be given]
12. General conditions inside the Examinations hall - Peaceful / Disturbing [If disturbing a brief description be given]
13. Outsiders present - (a) Inside the Exam. Hall
[If yes specify the rooms]
(b) Inside the College campus
(c) Outside the College campus

(2)

14. Police protection sought.....

15. Whether there was Malpractice inside the Examination Halls

16. a] Malpractice detected and reported.....

[If yes, Roll Numbers of malpractice case be mentioned]

b] i) Form No. 20 [MP Form] duly filled in and submitted to C.S.ii)
Receipt of the same from C.S. obtained

c] i) Script seized and submitted to C.S.
ii) Receipt from C.S. obtained.....
[Ask the C.S. to send such scripts and form No. 20 to Dy. Controller of Examinations by
Regd. Post soon after each sitting of the Examination]

17. Misbehavior of candidates.....
[If yes, mention the Roll No. & Reg. No. of such candidates, with a detailed report.]

18. Stock of Question packets verified.....
[To be invariably done]

19. Centre Superintendent Co-operative.....
[If no give a brief description]

20. Whether invigilators are abettors to Malpractice.....
[If yes, mention the names and designation of such invigilators with a brief description]

21. a) Majority of candidates involved-in Malpractice[If
yes, give a detailed report Room - Wise and Mention the Roll Nos. of the candidates not
adopting Malpractice if any)

b) Mention the reason of inability to mention the Roll nos. of candidates not adopting
Malpractice.

22. Whether centre superintendent is indifferent and abettor to Malpractice.....(if
yes give a brief report).

23. Whether CCTV is active or not. (Yes/No).

24. RECOMMENDATIONS: [Recommendation for cancellation / scratch should be made with
utmost care & caution]

a) Are you recommending cancellation / Scratch of the sitting of (papers) of Examination of
the entire centre you have supervised?

(If yes, a special report to this effect must be attached with sufficient justifications)

(3)

b) If not recommending the cancellation/scratch off sitting/papers of the entire centre but of specific rooms/halls, give the identity of such rooms/halls and mention the Roll Nos.

Imp. Cancellation/Scratch off sitting/papers may be recommended on all or any of the following grounds-

- i) The situation inside the examination room/hall is disturbing and not conducive for examination as per rule;
- ii) Either all or majority of the candidates are adopting malpractice / infringing examination rules and it is not possible to point out any candidate who is not adopting malpractice or infringing examination rules.
- iii) Presence of outsiders (not connected with exam in any way) inside the rooms[s].

25. Certified that 1) Dr./Sri/Smt. _____

2) Dr./Sri/Smt. _____ and
Dr./Sri/Smt. _____
(have visited this Examination centre this day the 20
(This certificate may be obtained on a separate sheet of paper also.)

Signature and Seal of the Centre Superintendent of the centre revisited
by squad/observers

Name in Capitals & designation of observer/ Full signature with date of observer/ Squad members with address

Squad member

1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

Enclosures, 1. Signature with date and Seal of Principal if any. 2. _____ of the Organising College
3. _____

Note - This report is to be submitted to the principal of the organising (Nodal college) immediately after the return of the Squad members / observers to the headquarters and a copy of the same must be sent to Dy. Controller of Examinations, CHSE, Odisha by name directly. The Organising Principal shall send all such reports in consolidated form soon after the completion of each phase of squading. If Observers/Squad members are sent by the CHSE, H.O. the report is to be submitted to the Council directly just after returning from squad duty (daily).