



**Flying Squad/ Observer Report**

|                          |   |  |                              |
|--------------------------|---|--|------------------------------|
| <b>1.</b>                | Name of Coordinator of Flying/Observer:<br>Prof./Dr./Mr./Ms.  |  |                              |
|                          | Name of Accompanying of Member:<br>Prof./Dr./Mr./Ms.  |  |                              |
|                          | Centre of Examination visited:  |  |                              |
|                          | Name of centre Superintendent:  |  |                              |
|                          | Time of arrival at centre:  |  |                              |
|                          | Time of departure from centre:  |  |                              |
|                          | <b>2.</b>   | <b>Name of the examination on the day of inspection:</b> |                              |
| a)                       |   |  |                              |
| b)                       |   |  |                              |
| c)                       |   |  |                              |
| d)                       |   |  |                              |
| e)                       |   |  |                              |
| <b>3. Observations:-</b> |   |  |                              |
| i)                       | Are you satisfied with the safety arrangements of examination material:   | Yes/No   |                              |
| ii)                      | Whether the record of Answer books maintained was correct and up to date in the prescribed form/consumption Performa: | Yes/No   |                              |
| iii)                     | Whether the University stamp was affixed on the Answer books of the candidates:                                       | Yes/No   |                              |
| iv)                      | Whether the packets of written answer books were sealed in your presence:   | Yes/No   |                              |
| v)                       | Whether UMC if any are sent to the University on the same day:  | Yes/No   |                              |
| vi)                      | Have you detected any UMC case and report sent to the University? If Yes, please give details:                        | Yes/No   |                              |
|                          | <b>Rolls Nos.</b>   | <b>Course</b>  | <b>No. of Cases reported</b> |
|                          |   |  |                              |

|           |   |        |
|-----------|---|--------|
| vii)      | Have any case of outside interference come to your notice? Yes/No If yes, please give details and action taken:   |        |
| viii)     | Is the building fit for examination   | Yes/No |
| ix)       | Are you satisfied with the seating arrangement of the students  | Yes/No |
| x)        | No. of supervisors/invigilators on duty   |        |
| xi)       | Whether the supervision was satisfactory:   | Yes/No |
| xii)      | Whether the students have signed against their roll number on the signature sheet:  | Yes/No |
| <b>4.</b> | <b>Examination stamp on the day of visit<br/>(Mandatory):</b>   |        |
| <b>5.</b> | <b>Comments (Please <i>enclose separate annexure if required</i>)</b><br>If you find any serious irregularities in the conduct of exam it may be brought to the notice of Controller of Examination Immediately |        |

NAME IN BLOCK LETTERS

1) \_\_\_\_\_

2) \_\_\_\_\_

SIGNATURE OF FLYING SQUAD/OBSERVER

1) \_\_\_\_\_

2) \_\_\_\_\_

(The report is required to be sent to COE along with TA/DA and Remuneration bill)  
Email id: [coe@crsu.ac.in](mailto:coe@crsu.ac.in) Phone 01681241003