



Himachal Pradesh Technical University

(A State Government University)

Camp Office: Gandhi Chowk, Hamirpur (H.P.)-177001

E-mail ID: coehimtu@gmail.com, website: www.himtu.ac.in

Observer's Report*

1.	Name of Coordinator of Flying/Observer: Prof./Dr./Mr./Ms.	
	Name of Accompanying of Member: Prof./Dr./Mr./Ms.	
	Centre of Examination visited:	
	Name of centre Superintendent:	
	Time of arrival at centre:	
	Time of departure from centre:	
2.	Name of the examination on the day of inspection:	
	a)	
	b)	
	c)	
	d)	
	e)	
3.	Observations:-	
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 proforma:	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:	
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:	
	Rolls Nos.	Course
		No. of Cases reported

vii)	Have any case of outside interference come to your notice? Yes/No If yes, please give details and action taken:	
a)	Is the building fit for examination	
b)	Are you satisfied with the seating arrangement of the students	
c)	No. of supervisors/invigilators on duty	
d)	Whether the supervision was satisfactory:	Yes/No
e)	Whether the students have signed against their roll number on the signature sheet:	Yes/No
f)	Whether CCTV footage for downloading and Photostat of question papers was available:	Yes/No
f)	Whether CCTV cameras were installed and working in the Examination Halls :	Yes/No
g)	Whether Jammers /Mobile phone blocker were installed and functioning in proper order:	Yes/No
h)	What is your opinion about conduct of Examination this centre:	
i)	If you find any serious irregularities in the conduct of exam it may be brought to the notice of Controller of Examination:	
4.	Examination stamp on the day of visit (Mandatory):	
5.	Comments (Please enclose separate annexure if required)	

NAME IN BLOCK LETTERS

- 1) _____
2) _____

Signature of Incharge
Flying Squad/Observer

- 1) _____
2) _____

**(The report is required to be sent to COE alongwith TA/DA and Remuneration bill)*