



## Himachal Pradesh Technical University

(Established Under State Legislative Act-16 of 2010)

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

E-mail ID: [coehimtu@gmail.com](mailto:coehimtu@gmail.com), website: [www.himtu.ac.in](http://www.himtu.ac.in)

### Observer's Report\*

1.	Name of Coordinator of Flying Squad/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.	<b>Name of the examination on the day of inspection:</b>	
	a)	
	b)	
	c)	
	d)	
	e)	
3.	<b>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 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:	
	<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	

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.	<b>Examination stamp on the day of visit (Mandatory):</b>	
5.	<b>Comments (Please enclose separate annexure if required)</b>	

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)