



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, website: www.himtu.ac.in

Observer's Report

Date	
Session	
Name of Centre Superintendent	
Sign of Centre Superintendent	

1.	Name of Coordinator/Incharge of Flying Squad/Observer: Prof./Dr./Mr./Ms.		
	Name of Accompanying member: Prof./Dr./Mr./Ms.		
	Centre of Examination visited:		
	Date & Time of arrival at centre:		
	Time of departure from centre:		
2.	Name of the examination (paper code) on the day of inspection:		
	a) f)	k)	
	b) g)	l)	
	c) h)	m)	
	d) i)	n)	
	e) j)	o)	
3.	Observations:-		
a	Are you satisfied with the safety arrangements of examination material:	Yes/No	
b	Whether the record of Answer books maintained was correct and up to date in the prescribed form/consumption proforma:	Yes/No	
c	Whether the packets of written answer books were sealed in your presence:	Yes/No	
d	Whether UMC if any are sent to the University on the same day:	Yes/No	
e	Have you detected any UMC case and report sent to the University? If Yes, please give details:		
f	Rolls Nos.	Course	No. of Cases reported

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

Name (in block letters) of Coordinator/Incharge of Flying Squad _____

Signature of Coordinator/Incharge of Flying Squad _____

Name (in block letters) of Accompanying member of Flying Squad _____

Signature of Accompanying member of Flying Squad _____

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