

BOARD OF SECONDARY EDUCATION, ASSAM

Bamunimaidam, Guwahati-781021

Daily Report Format for Supervising Officer

HSLC Examination-2024

	IIODC L	Adminiation	1 202 1				
1. Name of the Supervising Officer:							
2. Name of the centre visited (with code):				3. Distance	Distance (in K.M.):		
4. Subject of Examination				5. Date of	Examination:		
6. Name of the Centre In Charge:							
7. No of Candidates in the centre:	Male:		Female:		To	otal:	
8. Condition of the examination centre (plea	ase tick):					<u> </u>	
8.1. Fencing/Boundary Wall: (please tick)	☐ Fully Covered		☐ Partial	☐ Partially Covered		□ Not Available	
8.2. Condition of classroom/ ventilators/	,						
lightening arrangements/ desk benches	□ Available		☐ Partial	☐ Partially Available		□ Not Available	
8.3. CC TV camera and recording	☐ Covered All Rooms		☐ Partial	☐ Partially Covered		□ Not Available	
8.4. Provision of drinking water facility:	□Yes		□No	□ No			
8.5. Seating plan and arrangement:	☐ As per instruction		☐ Not as	□ Not as per instruction			
8.6. Adequacy, cleanliness and condition	Î			1		□ Evaellont	
of temporary urinals	□ Fair		⊔ G00a	□ Good		□ Excellent	
8.7. Whether unfair means/ malpractice op			□Yes	□ Yes		□No	
9. Your overall comment about the adequac	y of the ☐ Safe		□ Sensiti	☐ Sensitive		☐ Hypersensitive	
centre to organize the examination:	T	Jaic	- Schsici	- Sensitive - Trypersensitive		Jensier ve	
10. Were the instructions given about the conduct of examination followed strictly?	□ Yes		□No				
11. If No give reasons for the same and							
what action you took regarding the same.							
, , ,							
12. Temporary register for students	□Yes		□No	□ No			
going to the urinal/drinking water	sealed packets to the examination centre and for dispatch of the packed answer						
13. Was security provided for bringing the scripts? What action was taken for packets							
scripts: What action was taken for packets	tilat could ilo	t be dispati	lieu on the s	aille uay ait	ei tile examinat	lion was over	
	T						
14. Your views on discharge of duties by							
Centre in Charge:							
15. Your views on discharge of duties by Invigilators:							
16. If any candidate was warned or expelled, please furnish the Roll No's of	Roll No.	Name	of the Candi	f the Candidate			
	Non No. Name of		or the danan				
the expelled candidates along with							
relevant documents:							
17. Total no's of candidates:		Absent:	F	resent:	Expe	elled:	
18. Your views on security arrangements				I	<u> </u>	Į.	
in and out of the centre:							
19. Please list out the officials/ invigilator					erves special co	mmendation or	
who did not offer co-operation in conformi	ty to normal e	examinatio	n norms, givi	ng detail:			
20. Your overall views/ comments/							
suggestions/ and action needs to be							
taken about conduct of examination in the centre:							
the cellule.							
				ſS	ignature of Sup	ervising Officer)	
	Designation:						
Date:/			Mobile No:				

Note:

^{1. &}lt;u>Please handover this report to DPO/ Secretary, SEBA Regional Office for onwards uploading on SEBA portal every day after examination.</u>
2. If you feel that any other/additional information needs to be shared with SEBA that may kindly be sent to SEBA directly via Post / E mail / Whats app etc.