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| **BLOCK SUPERVISER REPORT** |

**FEX - 48 (B)**

 Prepare this report in duplicate copy.

**\_\_\_\_\_\_\_\_\_\_\_** Exam April /May/ October Date: **\_\_\_\_\_\_\_\_\_\_\_** Time: **\_\_\_\_\_\_\_\_**

College Name ­­­­­­­­­­: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_** Exam ­­­­­­­­­­: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Subject ­­­­­­­­­­: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Room No ­­­­­­­­­­: **\_\_\_\_\_\_\_** Block No: **\_\_\_\_\_\_\_\_\_**

Subject Code No ­­­­­­: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

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| **(A) ‣ Students Seat no/ SPID:** |
|  |
| **Total** |  |

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| **(B) ‣ Absent students Seat No/ SPID for this Subject Exam:** |
|  |
| **Total** |  |
|  **‣ Expelled students Seat No/ SPID for this Subject Exam:** |
|  |
| **Total** |  |

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| **(C) ‣ After Completion of Examination, total No. of answer sheets sent to the Superintendent of Examination:** |
| **[(A) - (B)] = (C)** |  |

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| Block Supervisor has to note down and sign the mentioned number in (C) in Form-3 (A) |

 I hereby certify that I Have verified the number of main answer-books and supplementary answer books submitted by each candidate and tally the number with the number shown above.

Name of supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_

Name of Exam Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_