



ABSENTEE STATEMENT FOR THE ROOM

(To be prepared for each shift separately)

CENTRE NO: _____

Name of the Centre : _____

Name of the Examination : _____

Date and Time of Examination: _____

Shift (I / II) : _____

Room No. : _____

No. of candidates Allotted : _____

No. of candidates present : _____

No. of candidates absent : _____

Signature of 1st Invigilator

Signature of 2nd Invigilator

Signature of
(Chief Invigilator)

Signature of
(Centre Superintendent)