



**ANNEXURE - IX**

**ACCOUNTS OF THE OMR SHEETS ISSUED TO AND RETURNED BY THE INVIGILATORS**

(To be prepared only for the shift wherein OMR Sheets are used)

**CENTRE NO:** \_\_\_\_\_

Name of the Centre : \_\_\_\_\_

Name of the Examination : \_\_\_\_\_

Date and Time of Examination: \_\_\_\_\_

Shift (I / II) : \_\_\_\_\_

**Total number of OMR Sheets received:** \_\_\_\_\_

SR. NO.	ROOM NO.	NAME OF THE INVIGILATOR	SR. NO OF OMR SHEETS ISSUED	NO. OF OMR SHEETS ISSUED	NO OF OMR SHEETS ISSUED TO CANDIDATES BY INVIGILATOR	NO. OF UNUSED OMR SHEETS RETURNED BY INVIGILATOR TO CENTER SUPTD.	DISCREPENCY (IF ANY) WITH REMARKS	SIGNATURE OF THE INVIGILATOR
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
<b>TOTAL</b>								

1	No. of spare OMR Sheets with the Centre Supdt. ( <b>Total received minus total of column 4</b> )	
2	Total No. of unused OMR Sheets returned ( <b>Total of column 7</b> )	

(Signature of the Observer-cum-Coordinator)

(Signature of Centre Supdt.)