



Centre No. _____ Centre Name [School I.D.] _____

Name of Examination: _____

Date & Time of the examination: _____

Shift (I / II) : _____

Deployment of Invigilators/No Relation Certificate

(To be prepared by Chief Invigilator & to be handed over to Observer-Cum-Coordinator after exam)

This is to certify that none in my relations (Husband, Wife, Son, Daughter, Brother, Sister, Nephew, Niece, Sister-in-law, Brother-in-law, Son-in-law or Daughter-in-law etc.) is a candidate for the above examination in this examination centre.

Sl. No.	Name of the Invigilator	I.D. No.	Designation	Reporting Time [Mark 'ABSENT' in case of absentee invigilator]	Whether having Identity Card? (Yes/No)	Signature of Invigilator	Room No. Allotted (by Chief Invigilator)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							



20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							

(Signature of Chief Invigilator)

(Signature of Centre Supdt.)

(Signature of the Observer-cum-Coordinator)

Note:

1. Any deficiency in respect of above columns should be highlighted in the “Report of Chief Invigilator”.
2. Observer-cum-Coordinator, Centre Superintendent and Chief Invigilator to ensure that no person other than Teaching/Clerical Staff of the same school is deployed as invigilator. In case of violation of this instruction, strict disciplinary action will be taken against all responsible officers/officials.



ANNEXURE- II

DEPLOYMENT OF SECURITY PERSONNEL

(To be prepared for each shift separately)

Centre No.: _____

Name of the Centre : _____

Date & Time of Examination : _____

Name of Examination : _____

Shift (I / II) : _____

Police Personnel / Home Guards

S.No.	Name of Security Personnel	Designation	I.D. No.	Time of Reporting	Signature of the Security Personnel
1					
2					
3					
4					
5					
6					
7					

It is certified that above mentioned security personnel have performed their duty on the day of examination.

(Signature of Observer-cum-coordinator)

(Signature of Centre Supdt.)

Note: In case security personnel has not attended the duty as per prescribed duty time, the Centre Superintendent should mention it in its final report.



OPENING CERTIFICATE

[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) : _____

We the undersigned (hereby) certify that the sealed steel trunks containing question papers and other material for the above said examination have been examined by us and found to be in order and properly sealed. The examination material is opened in our presence at _____ A.M./P.M. on _____ (Date).

Signature of
(Centre Superintendant)

Signature of
(Observer-cum-Coordinator)

Signature of
(Asstt. Observer)



CLOSING CERTIFICATE

[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) : _____

We the undersigned (hereby) certify that the envelope(s) / Bundles containing OMR/ Answer Sheets and other packets for the above said examination have been sealed properly and delivered to the Observer-cum-Coordinator at (Time)_____A.M./P.M. on _____(Date)

Signature of
(Centre Superintendant)

Signature of
(Observer-cum-Coordinator)

Signature of
(Asstt. Observer)



ANNEXURE - V

BILL OF CONTINGENCY EXPENDITURE INCURRED

CENTRE NO: _____

Name of the Centre : _____

Name of the Examination : _____

Date and Time of Examination: _____

SL.	Exam Functionary	NO. OF Shifts	No. of Officers/officials	RATE OF REMUNERATION (as approved by Board) (Rs.)	AMOUNT DISBURSED (Rs.)
1	CENTRE SUPDT.				
2	CHIEF INVIGILATOR				
3	ASSTT. CENTRE SUPDT.				
4	INVIGILATORS Remuneration				
5	CLERKS Remuneration				
6	CLASS IV Remuneration				
7	MISC. EXPENDITURE				
8	ANY OTHER CHARGES				
9	TOTAL EXPENDITURE				
10	TOTAL AMOUNT OF ADVANCE RECEIVED				
11	BALANCE (IF ANY)				

CERTIFICATE

- I certify that I have acted as Centre Superintendent.
- I certify that the expenditure shown in this bill could not, with due regard to the interest of the public service, be avoided. I have satisfied myself that all expenditure shown in this bill have been paid. Vouchers for all expenditure incurred are attached to this bill.
- I certify that all vouchers have duly been stamped, cancelled and forwarded to the Board office for safe custody.
- I certify that the functionaries utilised for the conduct of the aforesaid examination have been paid remuneration.
- I certify that all the officials whose remuneration is claimed in this bill have performed duties for the conduct of the said examination.
- I certify that all the officials, whose remuneration is claimed, are teaching/clerical/other staff of this school only. In case of teaching staff of other Govt. Schools, the prior permission of Board has been obtained.

(Signature & Stamp of Centre Superintendent)



ANNEXURE - VI

ACQUITTANCE ROLL

(for payment of Remuneration at exam centre)

Centre No.: _____ Name of the Centre : _____

Date & Time of Examination : _____

Name of Examination : _____ Shift (I / II): _____

SL.	NAME OF THE OFFICER / OFFICIAL	DESIGNATION	AMOUNT	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
TOTAL			Rs.	

(Signature & Stamp of Centre Supdt.)



Government of NCT of Delhi
Delhi Subordinate Services Selection Board
 FC-18, Institutional Area, Karkardooma, Delhi – 110 302.
www.dsssb.delhigovt.nic.in Exam Control Room Ph. No.22371011

ANNEXURE - VII

ABSENTEE STATEMENT FOR THE CENTRE

(To be prepared for each shift separately)
 (To be Prepared in duplicate)

First Copy

CENTRE NO: _____

Name of the Centre : _____

Name of the Examination : _____

Date and Time of Examination: _____

Shift (I / II) : _____

No. of candidates Allotted : _____

No. of candidates Present : _____

No. of candidates Absent : _____

Signature of
(Centre Superintendent)

Signature of
(Observer-cum-Coordinator)

Signature of
(Chief Invigilator)



Govt. of NCT OF DELHI
Delhi Subordinate Services Selection Board
 FC-18, Institutional Area, Karkardooma, Delhi – 110 302.
www.dsssb.delhigovt.nic.in Exam Control Room Ph. No.22371011

ANNEXURE - VII

ABSENTEE STATEMENT FOR THE CENTRE

(To be prepared for each shift separately)
 (To be Prepared in duplicate)

Duplicate Copy

CENTRE NO: _____

Name of the Centre : _____

Name of the Examination : _____

Date and Time of Examination: _____

Shift (I / II) : _____

No. of candidates Allotted : _____

No. of candidates Present : _____

No. of candidates Absent : _____

Signature of
(Centre Superintendent)

Signature of
(Observer-cum-Coordinator)

Signature of
(Chief Invigilator)



ANNEXURE-VIII

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 Superintendant)



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								
TOTAL								

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

(Signature of the Observer-cum-Coordinator)

(Signature of Centre Supdt.)



ANNEXURE – X

ACCOUNT OF THE QUESTION BOOKLETS/QUESTION-CUM-ANSWER BOOKLETS ISSUED TO AND RETURNED BY THE INVIGILATORS

(To be prepared for each shift separately)

(This Performa should be completed within 15 minutes of the commencement of examination).

CENTRE NO: _____

Name of the Centre : _____

Name of the Examination : _____

Date and Time of Examination: _____

Shift (I / II) : _____

Total number of Question Booklets received: _____

SR. NO.	ROOM NO.	NAME OF THE INVIGILATOR	SR. NO OF QUESTION BOOKLETS ISSUED	NO. OF QUESTION BOOKLETS ISSUED	NO OF QUESTION BOOKLETS ISSUED TO CANDIDATES BY INVIGILATOR	NO. OF UNUSED QUESTION BOOKLETS 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								
TOTAL								



Government of NCT of Delhi
Delhi Subordinate Services Selection Board
FC-18, Institutional Area, Karkardooma, Delhi – 110 302.
www.dsssbs.delhigovt.nic.in Exam Control Room Ph. No.22371011

1	No. of spare Question Booklets with the Centre Supdt. (Total received minus total of column 4)	
2	Total No. of unused Question Booklets returned (Total of column 7)	

Certified that the unused Question Booklets were collected from the Invigilators on the expiry of 05 minutes after the commencement of the examination i.e. at _____ A.M/P.M. on _____(Date).

The Packet containing unused Question Booklets have been tallied with the number of Absentee Candidates and packed and sealed and kept in the possession of the Centre Superintendent at _____ A.M/P.M. on the day of examination.

(Signature of the Observer-cum-Coordinator)

(Signature of Centre Supdt.)



ANNEXURE - XI

COMBINED ACCOUNTS OF THE USED & UNUSED QUESTION BOOKLETS & OMR SHEETS
 (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) : _____

SN	TOTAL NUMBER OF ALLOTTED CANDIDATES (POST CODE WISE)	TOTAL NUMBER OF QUESTION BOOKLETS RECEIVED (POST CODE WISE)	TOTAL NUMBER OF OMR SHEETS RECEIVED	TOTAL NUMBER OF ABSENT CANDIDATS (POST CODE WISE)	TOTAL NUMBER OF APPEARED CANDIDATS (POST CODE WISE)	TOTAL NUMBER OF QUESTION BOOKLETS USED (POST CODE WISE)	TOTAL NUMBER OF QUESTION BOOKLETS UNUSED (POST CODE WISE)	TOTAL NUMBER OF OMR SHEETS USED (POST CODE WISE)	TOTAL NUMBER OF OMR SHEETS UNUSED (POST CODE WISE)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
	TOTAL								

(Signature of Observer-cum-coordinator)

(Signature of Centre Supdt.)