



REPORT OF OSDs/FLYING TEAM FOR NIOS D.EI.ED. EXAMINATION

1. Report of the Centre No. :
Name & Address of the Centre
2. Name of the Centre Supdt.
3. Date of Visit
4. Time of Arrival Time of Departure at the centre
5. Subject (Theory) D.El.Ed. Paper Code No. D.El.Ed.
6. (a) Whether the Question Paper Packets were opened in the presence of OSD/Observer(s) and seals were found intact (please see the certificate of opening of Q.P. packets and sign the same) Yes/No.
(b) No. of packets received _____ opened _____ unopened _____
(c) Please confirm that you have signed the certificate of opening.
(d) Please confirm that you have verified the signature of Centre Superintendent and Invigilators.
(e) Total no. of Question Papers received
Balance Question Papers available
Are they in safe custody? YES/NO
7. No. of Students registered in the Subject _____
No. of Students Present _____
No. of Students absent _____
D.El.Ed. Subject Code-.....
8. (a) Whether answer books bundles were sealed in the presence of OSD/observer(s) and whether they have put their seals/signatures? If not, reasons thereof
.....
(b) Whether the answer book bundles were despatched on the same day? If not, reasons thereof
.....
9. (a) Whether practical examinations are conducted systematically in batches of Manageable numbers ?
YES/NO
(b) Whether facilities for practical exams are sufficient? Yes/No.
10. Whether proper Physical facilities such as desks, light, fans, drinking water, toilet etc. are available?
.....
11. Whether the examination was being conducted smoothly with effective supervision? Yes/No
12. Whether Police was available ? Yes/No
13. No. of rooms used for conducting the examination
14. No. of Invigilators on duty

attach the list of invigilators on duty (i) from school (ii) from outside) (This may please be taken from the Daily Attendance Register of the Exam Staff on duty at the Centre

NATIONAL INSTITUTE OF OPEN SCHOOLING
REGIONAL CENTRE-RAIPUR
BTI GROUND, DIET CAMPUS, SHANKAR NAGAR, RAIPUR-492007

BILL FOR INSPECTION OF NIOS EXAMINATION CENTRES
_____ EXAMINATION

Name of the OSD (In block letters) : _____

Designation* : _____

Address (Office) : _____

Address (Residence) : _____

Amount claimed for visits made on _____ days as per details on reverse towards honorarium/
conveyance (Rs.600/Remuneration+300/-Conveyance)=RS _____.

Signature

Telephone No.: (Off.) _____

(Res.) _____

Mobile No. : _____

Date of Birth : _____

(FOR OFFICE USE ONLY)

Verified that Inspection Reports as per details
details on pre page have been received.

Pay Rs. _____

only paid vide A/C payee/ self Cheque No.

_____ dated _____

Section Officer (Accts)

15. Report on use of unfair means by any student.
- i) Whether any student was caught using UFM
- ii) If yes, write his/her Roll Numbers
-
16. Please give a brief report on the conduct of Examinations, Centre Supdt. And Invigilation.
- a) Quality of Invigilation
- b) Discipline
- c) Outside help, if any being received by the students
17. Suggestions for improvement, if any
-
18. Any other relevant information
-
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Notes:

- 1) Please send on copy of this report duly signed by ordinary post/by hand through the messenger bringing Answer Booklets immediately after visit/inspection to the Regional Centre, NIOS.
- 2) In case of any urgency please NIOS officers immediately on phone or fax at the NIOS notified telephone numbers given in the Guidelines for Centre Superintendents.

Dated :

Signature of OSD

Name

Address

.....

Telephone No

Office

Residence

Mob.No.

