





## 9. Unfair Means / Incident Report

Date	Room No.	Description of Incident	Action Taken	Reported To

## 10. Answer Sheet Handling

Parameter	Status
Sheets Collected Room-wise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Packed & Sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispatched as per CBSE Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. Compliance Checklist

Parameter	Status
Schedule Followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Plan Implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invigilation Managed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidentiality Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 12. Issue Log & Action Taken

Issue	Action Taken	Responsible Person	Status

## 13. Challenges Faced

1. \_\_\_\_\_
2. \_\_\_\_\_

## 14. Suggestions / Improvements

1. \_\_\_\_\_
2. \_\_\_\_\_

## 15. Final Remarks

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## 16. Signatures

<b>Role</b>	<b>Name &amp; Signature</b>	<b>Date</b>
Centre Superintendent		
Examination Incharge		
Observer (if any)		
Principal		