

ANNEXURE: CBSE PRACTICAL EXAMINATION PREPARATION (CLASS X & XII)

1. General Information

Field	Details
Academic Session	
Class	<input type="checkbox"/> X <input type="checkbox"/> XII
Subject	
Practical Exam Dates	From _____ To _____
Prepared By	
Approved By (Principal)	

2. External Examiner Coordination

Field	Details
External Examiner Appointed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner Name	
Contact Details	
Confirmation Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Travel / Stay Arranged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reporting Time Shared	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Lab Readiness

Field	Status
Lab Cleanliness	<input type="checkbox"/> Completed <input type="checkbox"/> Pending
Equipment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Working Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemicals / Materials Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Measures in Place	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lab Assistant Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks (if any):

4. Student Readiness

Field	Status
Practical Files Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Files Checked by Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record Books Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viva Preparation Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dress Code Informed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attendance List Prepared	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Mock Practical Conduct

Field	Details
Mock Practical Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s)	
Topics Covered	
Viva Practice Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weak Areas Identified	

6. Internal Examiner & Staff Arrangement

Field	Details
Internal Examiner Assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Lab Assistant Assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support Staff Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duty Chart Prepared	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Documents & Records Preparation

Field	Status
Attendance Sheets Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No
Award List Printed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practical Question Papers Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer Sheets / Sheets Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student File Records Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Marks Entry Process

Field	Details
CBSE Portal Access Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marks Entry Responsibility Assigned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marks Entry Deadline	
Verification Process Defined	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backup Records Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Examination Day Readiness

Field	Status
Lab Prepared Before Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No
Materials Arranged	<input type="checkbox"/> Yes <input type="checkbox"/> No
External Examiner Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Briefing Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discipline Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Post-Examination Process

Field	Status
Marks Finalized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Examiner Signatures Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Challenges Faced

1. _____
2. _____

12. Suggestions / Improvements

1. _____
2. _____

13. Final Remarks

Signatures

Role	Name & Signature	Date
Subject Teacher	_____	_____
Lab Assistant	_____	_____
Exam Coordinator	_____	_____
Principal	_____	_____