

ANNEXURE: CBSE CLASS X & XII BOARD EXAM CONDUCT (SOP IMPLEMENTATION)

1. General Information

Field	Details
Academic Session	
Examination	<input type="checkbox"/> Class X <input type="checkbox"/> Class XII
Exam Centre Code	
Centre Superintendent	
Prepared By	

2. Exam Schedule & Subjects

Date	Subject	Reporting Time	Exam Timing	Remarks

3. Examination Room Arrangements

Parameter	Status	Remarks
Rooms Allocated as per Capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seating Plan Displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roll No. Arrangement Done	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cleanliness & Ventilation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement	
Wall Material Covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clocks Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Seating Plan Record

Room No.	Class	Roll No. Range	No. of Students	Invigilator Assigned

5. Invigilation Duty Allocation

S. No.	Teacher Name	Duty (Room/Reliever/Flying Squad)	Reporting Time	Signature

6. Attendance Tracking

Room No.	Total Students	Present	Absent	Unfair Means Cases	Remarks

12. Compliance Checklist

Parameter	Status
CBSE SOPs Followed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seating & Invigilation Proper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Dispatch Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security & Medical Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Challenges Faced

1. _____
2. _____

14. Suggestions / Improvements

1. _____
2. _____

15. Final Remarks

Signatures

Role	Name & Signature	Date
Centre Superintendent		
Examination Incharge		
Observer (if any)		
Principal		