

Name of Examination :

REPORT ON THE CONDUCT OF EXAMINATION

Date and Time of Examination :

Subjects		No.of Students	Grand Total
XI			
XII			

No.of candidates Registered for the day	
No.of Examination Rooms	
No. of Invigilators	

Register Number of Absentees		Total	Grand Total
XI			
XII			

Any officials visited the school in connection with exam :	YES/NO
If YES give details:	

Malpractices if any reported or noticed:	YES/NO
If YES give details:	

Whether answer scripts are sent on this day:	YES/NO
If NO give reasons:	

Details of Script sending	No of Bundles (Present Day)	No of Bundles (Previous day's Exam)	Total Bundles

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Sign of Deputy Chief.

Seal

Sign of Chief Supdt.