

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**REGIONAL CENTRE JAMMU**  
**FLYING SQUAD/OBSERVER REPORT**

1. Name and Code of the Examination Centre visited.....

**Date** :

2. Name of the Term-End Examination:

3. Time of arrival at the Centre .....Departure at .....

4. Course Codes for which Exams are conducted on day of visit

***Regarding Question Papers and Answer Sheets***

5. Whether present during opening of question papers Yes/No

6. Report on the balance of question papers after distribution to the candidates, is the balance figure correct Yes/No

7. Whether Answer sheets kept under proper custody? Yes/No

***Regarding Physical Arrangements***

8. Whether the building and condition of furniture suitable for an examination centre. Do seating arrangements provide adequate spacing? Yes/No

9. Were the number of allotted Invigilators present? Yes/No

10. Whether the supervision was effective? Yes/No

11. Whether Roll Numbers on Answer sheets were duly Verified by the Invigilators? Yes/No

12. Whether identity of the examinees verified by Invigilators Yes/No

13. Whether any case(s) of use of unfair means by candidates detected during the course of your visit? Yes/No

14. If yes, Roll No. (s) of candidate(s) reported

15. Whether reporting procedure have been followed? Yes/No

Your comments on the overall assessment of Examination Centre's functioning:

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.....  
.....

(Signature)

Name:

Designation:

Address:

Telephone No.