

Note : This form is to be kept by the Centre Superintendent of the Examination and not to be returned to the University office.



**PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR**

..... Centre  
**INVIGILATOR'S STATEMENT**

Date and Session .....

Name of Examination .....

Subject and Paper .....

Room No. / Hall No. / Row No. ....

Roll Nos. to be Examined								Total

Roll Nos. Absent								Total

**Number of ANSWER-BOOKS with Serial Number**

Received	Issued	Returned unused

Roll Nos. Without Admission Cards						Total

# Roll Nos. Going out under Escort

Roll Number	Escort	Roll No.	Escort	Roll No.	Escort

Remarks:

.....  
Invigilator I/C (Signature)

.....  
(Signature of the Centre Supdt.)



## PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR

## (Form for reporting absentees in the examination to the examiners)

NOTE :- Signature of fascimile stamp of signature of the Superintendent or his designation or name or stamp of the centre is NOT TO BE PUT anywhere on this form. as it is not desired to disclose the name of the centre to the Examiner in any way.

- |   |                              |
|---|------------------------------|
| 1. Code number given to the<br>centre.....  | 2. Name of Examination ..... |
| 3. Date and session.....  | 4. Subject with Paper.....   |
| 5. Roll Nos. allotted to the centre   | From..... to.....            |
| 6. Number of candidates registered for<br>examination at the centre in the subject/<br>paper as per printed consolidated<br>numerical return. | .....                        |
| 7. Number of candidates examined at the<br>centre in the subject/paper.....   | 8. Number of absentees ..... |
| 9. Number of candidates whose answerbooks<br>have been allotted to the examiner.  | All                          |
| 10. Number of answer-books sent in the packet.  | First/Last.....              |
| 11. Roll Nos. of answer-books sent to the<br>Asstt. Registrar (U.M.) separately. (Please<br>write the Roll Nos. of unfairmeans cases.)        | .....                        |
| 12. Roll Nos. of absentees (The examiners<br>must show these Roll Nos. absent in the<br>award list):  | .....                        |

N.B.:- 1. Total of items 7 and 8 should tally with item 6. If there is any discrepancy, please clarify.  
2. Total of Items 10,11 and 12 should tally with Item 6 when all answer-books of a centre are sent to one examiner and with items 9 when the answer-books are allotted to more than one examiner.

PART OF THE TRAVEL EXPENSES

(Form for reporting expenses in connection to the taxpayer)

1. Name of the taxpayer: \_\_\_\_\_

2. Name of the taxpayer's spouse: \_\_\_\_\_

3. Name of the taxpayer's child: \_\_\_\_\_

4. Name of the taxpayer's parent: \_\_\_\_\_

5. Name of the taxpayer's sibling: \_\_\_\_\_

6. Name of the taxpayer's other relative: \_\_\_\_\_

7. Name of the taxpayer's friend: \_\_\_\_\_

8. Name of the taxpayer's neighbor: \_\_\_\_\_

9. Name of the taxpayer's other contact: \_\_\_\_\_

10. Name of the taxpayer's other contact: \_\_\_\_\_

11. Name of the taxpayer's other contact: \_\_\_\_\_

12. Name of the taxpayer's other contact: \_\_\_\_\_

13. Name of the taxpayer's other contact: \_\_\_\_\_

14. Name of the taxpayer's other contact: \_\_\_\_\_

15. Name of the taxpayer's other contact: \_\_\_\_\_

16. Name of the taxpayer's other contact: \_\_\_\_\_

17. Name of the taxpayer's other contact: \_\_\_\_\_

18. Name of the taxpayer's other contact: \_\_\_\_\_

19. Name of the taxpayer's other contact: \_\_\_\_\_

20. Name of the taxpayer's other contact: \_\_\_\_\_

21. Name of the taxpayer's other contact: \_\_\_\_\_

22. Name of the taxpayer's other contact: \_\_\_\_\_

23. Name of the taxpayer's other contact: \_\_\_\_\_

24. Name of the taxpayer's other contact: \_\_\_\_\_

25. Name of the taxpayer's other contact: \_\_\_\_\_

26. Name of the taxpayer's other contact: \_\_\_\_\_

27. Name of the taxpayer's other contact: \_\_\_\_\_

28. Name of the taxpayer's other contact: \_\_\_\_\_

29. Name of the taxpayer's other contact: \_\_\_\_\_

30. Name of the taxpayer's other contact: \_\_\_\_\_

31. Name of the taxpayer's other contact: \_\_\_\_\_

32. Name of the taxpayer's other contact: \_\_\_\_\_

33. Name of the taxpayer's other contact: \_\_\_\_\_

34. Name of the taxpayer's other contact: \_\_\_\_\_

35. Name of the taxpayer's other contact: \_\_\_\_\_

36. Name of the taxpayer's other contact: \_\_\_\_\_

37. Name of the taxpayer's other contact: \_\_\_\_\_

38. Name of the taxpayer's other contact: \_\_\_\_\_

39. Name of the taxpayer's other contact: \_\_\_\_\_

40. Name of the taxpayer's other contact: \_\_\_\_\_

41. Name of the taxpayer's other contact: \_\_\_\_\_

42. Name of the taxpayer's other contact: \_\_\_\_\_

43. Name of the taxpayer's other contact: \_\_\_\_\_

44. Name of the taxpayer's other contact: \_\_\_\_\_

45. Name of the taxpayer's other contact: \_\_\_\_\_