



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR
Sishu Bhawan Square, Bhubaneswar, Pin-751009

REPORT OF FLYING SQUAD / VIGILANCE SQUAD / OBSERVER

Part- A (Name & other information of Flying Squad / Vigilance Squad / Observer)

1. Name: _____ Teacher Regn No (If any) _____
2. Designation _____ Department; if any: _____
3. College: _____
4. Appointment Order No _____ Date _____
5. Name of the Co-Member Flying Squad / Vigilance Squad; if any
 - (i) _____
 - (ii) _____
6. Name (s) of Examination Centre with date and sitting assigned:
 - (i) _____ Centre _____ 20 _____ Sitting
 - (ii) _____ Centre _____ 20 _____ Sitting
 - (iii) _____ Centre _____ 20 _____ Sitting

Part-B: Information on Examination Centre:

(i)	Date and time of reaching the Centre	
(ii)	Time of leaving the Centre	
(iii)	Whether Centre Superintendent was present?	
(iv)	Whether internal squad for gate checking have been made or not?	
(v)	Whether Question (s) are being downloaded and printed following University guidelines under CCTV surveillance or not?	
(vi)	Whether all stationary material available for safe packaging of Answer Scripts?	
(vii)	Whether unused Answer Booklets are stored under the safe custody of Centre Superintendent?	
(viii)	Total number of student (s) registered for the (sitting) Examination?	

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(ix)	Total number of student (s) appearing (sitting) visited	
(x)	Whether sitting arrangement is as per university yardstick?	
(xi)	Whether Invigilator (s) / Reliever (s) is / are as per university yardstick?	
(xii)	Whether Form For Allegation of Examination Malpractice / Unfair Means were available with the Centre Superintendent and Invigilator (s) or not?	
(xiii)	Whether Exam (s) was conducted in the Ground Floor or Upper Floor or together?	
(xiv)	Arrangements made for examinees	
	(1) Visibility in Hall	
	(2) Keeping books, gadgets, etc. outside the examination Hall	
	(3) Drinking water	
	(4) Ramp facility; if multi storied	
	(5) Any other; please specify	

Part-C: Overall impression on Examination Centre:

(i)	Obstruction at gate or inside the premise or Examination Hall faced; if any?	
(ii)	Cooperation of the Centre Superintendent or Invigilator (s).	
(iii)	Any irregularity discovered?	
(iv)	Have you detected any "Malpractice / Unfair Means and report sent to the University? If yes, give details.	
(v)	Overall discipline in the Centre.	

NB: Attach sheet (s) if visited more than one Examination Centre.

Part-D: TA / Remuneration Bill attached; if any;

Date:

**(Full Signature of the Flying Squad /
Vigilance Squad / Observer)**

OFFICE USE

Date:

Controller of Examination