



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

In Triplicate: Centre / University / Student

FORM FOR ALLEGATION OF EXAMINATION MALPRACTICE / UNFAIR MEANS

Part- A (To be completed by the Invigilator / Flying Squad / Vigilance Squad)

1. Name of the student: _____ Regn No _____
2. Course: _____ Branch / Speciality; if any: _____
3. Examination: _____ Date: _____ Room No: _____
4. Examination Centre: _____ Code: _____
5. Invigilator's statement of observed malpractice:

6. Any Exhibit: Yes / No (Tick one); if yes, list the exhibit (s) with time _____
 (i) _____
 (ii) _____
 (iii) _____
 (iv) _____
7. Name of Invigilator / Flying / Vigilance Squad: _____
 Designation (Self): _____
 Department: _____
 College: _____

Signature & Date

Part-B: (To be completed by student with Regn No _____ Time _____)

8. I _____ have read the statement in item 6 and considered it to be true / untrue (delete as appropriate) description of the situation.

The exhibit (s) listed in 6 above was / were (please check)

- i) Recovered / removed from me
- ii) Recovered / removed around by seating position.

9. Student statement on the allegation of Examination Malpractice:

Student's Signature & Date

10. Or Denied to sign or offer statement on the alleged malpractice or left the Examination Hall.

Signature of the Invigilator **Centre Superintendent / Flying Squad / Vigilance Squad with date**

Part-C To be completed by the Centre Superintendent on the alleged Malpractice:

Part D:

11. Exhibit (s) must be attached to the original of the completed form.
12. University Disciplinary / Malpractice Committee shall convene in due course after the end of the Examination.
13. You are to present yourself before the Committee that will investigate the allegation levelled against you. Please be on the look-out to appear before the Committee and liaise regularly with your college on same.
14. ITS ON YOUR OWN INTEREST TO APPEAR BEFORE THE COMMITTEE AS YOUR ABSENCE WILL BE AN ADMISSION OF GUILT.

FOR OFFICE USE

Remarks: _____

Date: _____ Controller of Examination _____

Recommendation of the Disciplinary / Malpractice Committee:

Date: **Signature of
Chairman of the Disciplinary / Malpractice Committee**

Decision of the University: **Controller of the Examination**