BOARD OR INTERMEDIATE & SECONDARY EDUCATION SAHIWAL.

INSPECTION REPORT FORM FOR RESIDENT INSPECTOR ONLY

QUESTIONNAIRE

B:- Reference to Rules relating to the Duties of Superintendent _____

_____Examination, 20 Centre_____

Name of Building _____ Subject _____

Name & Address of Superintendent _____

QUESTIONS			ANSWERS	
			MORNING	EVENING
1.	Date of inspection. _____			
2.	Time of arrival in and departure from the Examination Hall.	2.		
3.	Were you present at the time of opening of Question Papers?	3.		
4.	Were you present at the time of sealing of bundles of answer books ?	4.		
5.	Did you examine the envelope/s after it / these had been inspected / signed by the Deputy superintendent and one other witness, and find everything correct?	5.		
6.	(a) Have you inspected the place where unopened envelopes of question papers are kept? (For those centres where the envelopes of question papers are with the Centre Superintendent). (b) Are you satisfied about the safe custody of unopened envelopes of question papers?	6.		
7.	Did you find that there was no disturbance outside and inside the centre?	7.		
8.	Have you carefully examined the state of opened and unopened envelopes containing question papers? Do they bear any sign of tampering or abrasion at any part or portion of the sealed envelope ? This is very important and the Inspector must be careful in this matter.	8.		
9.	Did you find other internal/ external arrangement for the convenience of candidates, maintenance of discipline and efficient control of Centre, satisfactory ?	9.		
10	Did you find that none of the invigilator/s was deputed to invigilate candidates from his own institution ?	10.		
11.	Did you find the No. Of invigilator/s employed correctly? Please inspect with the following rules in view: (a) One Invigilator is allowed for 40 candidates. (b) If more than one room is used, the rule in (a) above will apply not to the total but to each room; (c) When the Supdt:needs more invigilators than sanctioned by the Controller of Exams: in the original list, because of considerations as in (b) above, the Supdt:has to report names of the additional invigilators appointed. These must as far as possible be from the additional approved list, if any supplied. If any invigilator has been appointed who is not on the	11. (a) (b) (c)		

	approval of the same may be obtained from the Inspector who will note the name in the column.			
12.	Have you satisfied yourself that the examination in being conducted according to rules and did you pay special attention to rules 9,10, and 11. If it has been necessary to deviate from any rule, the Inspector should after the enquiry, submit a report to the Controller of Examination.	12.		
13.	Have you checked the bundles, of Answer Books and find that the chits pasted on the bundles were in-tact or not ?	13.		
14.	Have you checked the balance of blank answer books / Continuation sheets (SF-4) ? Are you satisfied that a proper record is being maintained regarding, consumption of blank answer books/ continuation sheets and no answer book / continuation sheet is being misused ?	14.		
15.	Have you seen Kanat, commode, Water Cooler/ Ice and Padestal Fan during the course of the visit ? Please give details of each.	15.		
16.	Have you checked the following documents (a) Seating plan (b) S.F - 11 (c) S.F - 14	16. (a) (b) (c)		
17.	Have you any general remarks or suggestions? A note may be attached to this questionaire if the space is not sufficient.	17.		

NB:-

1. If a Resident Inspector is unable to visit the centre of Examination allotted to him, he is required to give a brief explanation for submission to the Chairman.
2. The Inspection Reports be ordinarily sent to the Controller of Examinations by name under registered cover within 15 days after the termination of examination. If the same are not received within the stipulated period, a duduction of Rs.50/- per day will be made from your payment under the rules.

نوٹ:

انسپکشن رجسٹر میں روزانہ کی بنیاد پر ہر سیشن کا علیحدہ علیحدہ اندارج ضروری ہے۔ انسپکشن رجسٹر میں کسی تاریخ/سیشن کا اندراج نہ ہونے کی صورت میں اس تاریخ/سیشن کے معاوضے کی ادائیگی نہ کی جائے گی۔

Signature _____

Name _____

(In block letter)

Date _____

Stamp of Institution _____