

PARA MEDICAL BOARD, BANGALORE, KARNTAKA

No. 40/20A, I Floor, Lakshmi Complex, Fort, K R Road, Bangalore-02

Website: www.pmbkarnataka.org; E-Mail: paramedicalboard97@gmail.com

Ph: 080-26702159

Fax: 080-26705410

Consolidated Statement of "Absentees" and Answer Books.

(To be filled by the concerned officials only)

Examination Centre: No. of Students Assigned :
No. of Students Present:
Date of Examination: No. of Students Absent:
Time: Sl.No.of Answer books issued
Course: From: To:
Total No. of Answer books used:
Subject: Total No. of Answer books unused:
QP Code: Total No. of Answer books in the
bundle:
Paper/ Section: No. of Mal-Practice cases
(Answer books shall be sent seperately)

Details of Invigilator's Diary:

Sl. No	Name of the Invigilator	Total No.of candidates Assigned	Total No. of absentees and their Register Numbers	Sign. of Invigilator	Name & Sign of Room Supdt.
			Reg .Nos		
1					
2					
3					
4					
5					
6					
7					
8					
9					

Signature of the Observer

Name:

Signature of Chief/ Deputy Chief Superintendent

Name: