

**PARA MEDICAL BOARD, BANGALORE, KARNATAKA**

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

Website: [www.pmbkarnataka.org](http://www.pmbkarnataka.org); E-mail : [paramedicalboard97@gmail.com](mailto:paramedicalboard97@gmail.com)

Ph: 080-26702159

Fax: 080-26705410

***Invigilators' Diary***

**Q.P.Code No:**

**Course and Year:**

**Examination Centre:**

**Subject:**

**Name of the Invigilator:**

**Date of Examination:**

**Time:**

**Paper / Section:**

Sl. No	Reg. No. of Candidate	Sl.No. of Answer Book	Signature of Candidate
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

No. of Students Assigned:

No. of Answer Books of Absentees returned to Chief Superintendent:

No. of Candidate Absent:

No. of Answer Books Issued:

No. of Answer Books Used:

Remarks.Mal-Practice if any: Yes

Yes

No

( ✓ appropriate box)

**Signature of the Invigilator**

**Signature of the Observer.**

Note: 1. Separate Invigilators' Diary should be used for each QP Code /Subject/Paper/Section.

2. Invigilators Diary and Absentee's Statement should be sent along with the Answer Booklets.