



Govt. of NCT OF DELHI  
Delhi Subordinate Services Selection Board  
FC-18, Institutional Area, Karkardooma, Delhi - 110 302. Ph. 22370100.  
[www.dsssb.delhigovt.nic.in](http://www.dsssb.delhigovt.nic.in).

REPORT-1

**FINAL REPORT OF CENTRE SUPERINTENDENT**

CENTRE NO: \_\_\_\_\_

CENTRE CODE: \_\_\_\_\_

Name of the Centre : \_\_\_\_\_

Name of the Examination : \_\_\_\_\_

Date and Time of Examination: \_\_\_\_\_

1	Name and designation of the Centre Superintendent	
2	Reporting time of Observer-cum-Coordinator & Assistant Observer at Center.	
3	Reporting Time of Chief Invigilator at Centre.	
4	Whether any person other than teaching or clerical staff of your school was deployed as invigilator? If yes, why? Whether the prior approval of the Board was taken?	
5	Whether any person was deployed as invigilator, who was not included in the list of invigilators provided by you to DSSSB in advance? If yes, why?	
6	Whether the Packets/Cartons containing the Question Booklets/ OMR Answer Sheets were found intact?	
7	Whether the inner packing of the question papers was found sealed & intact?	
8	Whether the Number of Question Booklets/ OMR Answer Sheets and the subject as specified on the outer cover were found correct in each case?	
9	Whether the Question Booklets/ OMR Answer Sheets were distributed to the candidates at the prescribed time?	
10	Whether 'Absent' has been marked on Attendance Sheets for Absentee Candidates?	
11	Whether any candidate(s) was sent out of the examination hall for violating any of the rules for candidates? If so, state their names, roll numbers and the nature of the offence in each case? (If necessary use separate sheet). (Prepare Special Report on prescribed format)	

12	Whether Police Complaint has been lodged against such candidate (s)? (enclose a copy of police complain/FIR. (Prepare Special Report in Prescribed format)	
13	Names and Designation of invigilators of the room wherein any case of impersonation or illegal possession of mobile phone/books etc. is reported by any exam functionary on duty, except invigilator of that room during the exam time.	
14	Whether any candidate(s) left the examination hall without the permission of Centre superintendent before the close of the examination?	
15	Whether proper lighting, sanitation, drinking water, sitting facility was provided to the candidates? (provides details of any discrepancy)	
16	Whether Police personnel (male/female both) reported for duty at prescribed time.	
17	Whether adequate arrangement was made for frisking of candidates at entrance gate of centre.	
18	Whether any examination functionary was found indulging in malpractice before, during, after the examination? (provide details, if any)	
19	Whether sitting arrangement was displayed on entrance as well as at all rooms?	
20	Whether proper arrangement was made for keeping the mobile phones/books etc of candidates, invigilators and other exam functionaries?	
21	Whether the mobile jammer, if installed, was functioning properly?/s	
22	Any other point?	

Certified that all instructions issued by the Board regarding conduct of this examination were followed and that the process of examination has not been vitiated in any manner what so ever.

Certified that no case of impersonation or any fraudulent activity was reported during exam, except mentioned above.

(Signature of Centre Superintendent)

**Note: - In case of any discrepancy found out and mentioned in this report, complete factual details should be given on separate sheet.**



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REPORT-2

**SPECIAL REPORT**  
**(By Center Superintendent)**

(To be prepared in duplicate. One copy to be attached with the Attendance Sheet of Candidate found involved in malpractice and other copy to be submitted along with other annexure/reports to the Board)

CENTRE NO: \_\_\_\_\_ \* CENTRE CODE: \_\_\_\_\_

Name of the Centre : \_\_\_\_\_

Name of the Examination: \_\_\_\_\_

Date and Time : \_\_\_\_\_

To

The Controller of Examination,  
Delhi Subordinate Services Selection Board  
FC-18, Institutional Area,  
Near Railway Reservation Centre,  
Karkardooma, Delhi-110 302.

Sub: Special Report on the misbehavior/malpractice resorted to by Sh./Ms./ \_\_\_\_\_  
S/o \_\_\_\_\_  
Address \_\_\_\_\_  
Roll No. \_\_\_\_\_

S. N	Particulars	Details
1	Nature of malpractices- impersonation/copying/helping others to copy/misbehaviour towards Invigilating staff, etc. (Briefly indicate the occurrence)	
2	Room details - Room No., No. of Invigilators and No. of candidates	

3	Name(s) and addresses of the Invigilator(s) at the place of occurrence	
4	Statements of the Invigilators to be enclosed in original	
5	Statement of the candidate to be obtained and enclosed as endorsed by the Invigilators mentioned in Sr. No. 3 above.	
6	Material evidence in support of the case reported upon (to be collected and transmitted in original to the Board).	
7	Has the candidate been sent out of the examination hall after following the procedure?	
8	The details of Police Complaint lodged. (Enclose copy of Police Complaint/FIR)	
9	Summary inquiry by the Centre Superintendent (if the case is detected by his Invigilating staff and his findings). If he himself finds the case, he may offer special remarks	
10	Any Other Details	

(Signature of the Observer-cum-Coordinator)

(Signature of Centre Supdt.)

**Note.:-**

1. All material seized from the candidate should be sent to the Board in original.
2. The material evidence should bear the signature of the person reported upon and should be attested by the **Centre Superintendent**.
3. All the Statements recorded or obtained from the examiners or Invigilators should be attested by the Centre Superintendent.
4. **If no such case is reported, 'NIL' report should be given in this format.**
5. Use separate sheets, if required, to mention all facts in details





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REPORT-3

## REPORT OF OBSERVER-CUM-COORDINATOR

CENTRE NO: \_\_\_\_\_

CENTRE CODE: \_\_\_\_\_

Name of the Examination Centre : \_\_\_\_\_

Date and Time of Examination : \_\_\_\_\_

Name of the Examination : \_\_\_\_\_

<b>I. - Arrival/Departure time of Centre Superintendent</b>		
1	Arrival Time at the Centre	
2	Departure Time of Centre Superintendent	
3	Whether full Co-operation given by Centre Superintendent in the conduct of Examination	
<b>II - General Arrangements at the Examination Centre</b>		
1	Whether seating arrangements were displayed on the notice Board.	
2	Whether there was proper seating arrangement for the candidates in the examination hall/ rooms.	
3	Whether there were proper lighting arrangements in the examination rooms	
4	Whether there were proper arrangements of drinking water for the candidates.	
5	Whether there were proper sanitation arrangements.	
6	Whether toilet blocks of Center checked to ensure that no cheating material was kept there.	
<b>III. Before the Commencement of Examination</b>		
1	Whether the packets containing the question booklets were in sealed condition.	
2	Whether the packets containing the question booklets were opened at the specified time in the presence of the Observer-Cum-Coordinator & Centre Supdt.	
3	Whether the extra question booklets were immediately packed & sealed after distributing the required number of question booklets in each examination room.	
4	Whether any person other than teaching or clerical staff of the school was allowed to be deployed as invigilator? If yes, why? What action has been taken by you against that invigilator?	
5	Whether the Chief Invigilator has taken an undertaking that none of the relations of the Invigilators or staff engaged on duty are appearing in the Centre.	
6	Whether the examination started at the scheduled time.	
<b>IV During the Examination</b>		
1	Whether the Invigilator(s) duly signed the list of absentee candidates along with attendance sheets.	

2	Whether the Invigilators submitted the details of absentee candidates along with the unused Question Booklets/OMR Answer Sheets immediately as per the time schedule.	
3	Whether the Invigilators and the Chief Invigilator have signed all the attendance sheet?	
4	Whether the Centre Superintendent inspected the Examination Hall/ Room.	
5	Whether any candidates was found engaged in any type of malpractices during the examinations. If 'yes' state his/ her Roll Number, name and other details. Complete details of disputed candidates who were allowed to attend on conditional basis should be reported.	
<b>V After completion of the Examination</b>		
1	Whether there was any delay in collection of Answer sheets if 'yes' the reason thereof.	
2	Whether the packing of Question Booklets/OMR Answer Sheets was done as per instructions.	
3	Whether any candidate was found using any unfair means; if 'yes' whether the material recovered and a copy of the FIR lodged and all the relevant documents were forwarded to the Board	
4	Whether the Centre Superintendent handed over the sealed packets of answer sheets to the Observer-Cum-Coordinator after the completion of the examination as per the time schedule.	
5	Whether the Question Booklets/OMR Answer Sheets and Attendance Sheets were packed and sealed in separate steel trunks and covers by the Centre Superintendent of the center and were handed over to the Observer-Cum-Coordinator as per the time schedule.	
6	Whether mobile jammer, if installed, was working or not?	
7	Any other point.	

I certify that no person was allowed to work as invigilator, Asstt. Centre Superintendent, Exam In charge or on any other examination duty in the Centre other than the teaching/clerical staff of the same school.

(Signature of the Assistant Observer)

(Signature of the Observer-Cum-Coordinator)



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REPORT-4

## REPORT OF ASSISTANT OBSERVER

CENTRE NO.: \_\_\_\_\_

CENTRE CODE: \_\_\_\_\_

Name of the Examination Centre : \_\_\_\_\_

Name of the Examination : \_\_\_\_\_

Date and Time of Examination : \_\_\_\_\_

Room No:	38	75	113	150
1	39	76	114	151
2	40	77	115	152
3	41	78	116	153
4	42	79	117	154
5	43	80	118	155
6	44	81	119	156
7	45	82	120	157
8	46	83	Room No:	158
9	47	84	121	159
10	48	85	122	160
11	Room No:	86	123	161
12	49	87	124	162
13	50	88	125	163
14	51	89	126	164
15	52	90	127	165
16	53	91	128	166
17	54	92	129	167
18	55	93	130	168
19	56	94	131	Room No:
20	57	95	132	169
21	58	96	133	170
22	59	Room No:	134	171
23	60	97	135	172
24	61	98	136	173
Room No:	62	99	137	174
25	63	100	138	175
26	64	101	139	176
27	65	102	140	177
28	66	103	141	178
29	67	104	142	179
30	68	105	143	180
31	69	106	144	181
32	70	107	Room No:	182
33	71	108	145	183
34	72	109	146	184
35	Room No:	110	147	185
36	73	111	148	186
37	74	112	149	187



188		240		291		343		395	
189		Room No:		292		344		396	
190		241		293		345		397	
191		242		294		346		398	
192		243		295		347		399	
Room No:		244		296		348		400	
193		245		297		349		401	
194		246		298		350		402	
195		247		299		351		403	
196		248		300		352		404	
197		249		301		353		405	
198		250		302		354		406	
199		251		303		355		407	
200		252		304		356		408	
201		253		305		357		Room No:	
202		254		306		358		409	
203		255		307		359		410	
204		256		308		360		411	
205		257		309		Room No.		412	
206		258		310		361		413	
207		259		311		362		414	
208		260		312		363		415	
209		261		Room No:		364		416	
210		262		313		365		417	
211		263		314		366		418	
212		264		315		367		419	
213		Room No:		316		368		420	
214		265		317		369		421	
215		266		318		370		422	
216		267		319		371		423	
Room No:		268		320		372		424	
217		269		321		373		425	
218		270		322		374		426	
219		271		323		375		427	
220		272		324		376		428	
221		273		325		377		429	
222		274		326		378		430	
223		275		327		379		431	
224		276		328		380		432	
225		277		329		381		Room No:	
226		278		330		382		433	
227		279		331		383		434	
228		280		332		384		435	
229		281		333		Room No:		436	
230		282		334		385		437	
231		283		335		386		438	
232		284		336		387		439	
233		285		Room No:		388		440	
234		286		337		389		441	
235		287		338		390		442	
236		288		339		391		443	
237		Room No:		340		392		444	
238		289		341		393		445	
239		290		342		394		446	



447		499		551		602		654	
448		500		552		603		655	
449		501		Room No:		604		656	
450		502		553		605		657	
451		503		554		606		658	
452		504		555		607		659	
453		Room No:		556		608		660	
454		505		557		609		661	
455		506		558		610		662	
456		507		559		611		663	
Room No:		508		560		612		664	
457		509		561		613		665	
458		510		562		614		666	
459		511		563		615		667	
460		512		564		616		668	
461		513		565		617		669	
462		514		566		618		670	
463		515		567		619		671	
464		516		568		620		672	
465		517		569		621		Room No:	
466		518		570		622		673	
467		519		571		623		674	
468		520		572		624		675	
469		521		573		Room No:		676	
470		522		574		625		677	
471		523		575		626		678	
472		524		576		627		679	
473		525		Room No:		628		680	
474		526		577		629		681	
475		527		578		630		682	
476		528		579		631		683	
477		Room No:		580		632		684	
478		529		581		633		685	
479		530		582		634		686	
480		531		583		635		687	
Room No:		532		584		636		688	
481		533		585		637		689	
482		534		586		638		690	
483		535		587		639		691	
484		536		588		640		692	
485		537		589		641		693	
486		538		590		642		694	
487		539		591		643		695	
488		540		592		644		696	
489		541		593		645		Room No:	
490		542		594		646		697	
491		543		595		647		698	
492		544		596		648		699	
493		545		597		Room No:		700	
494		546		598		649		701	
495		547		599		650		702	
496		548		600		651		703	
497		549		Room No:		652		704	
498		550		601		653		705	

706		716		725		735		Room No:
707		717		726		736		
708		718		727		737		
709		719		728		738		
710		720		729		739		
711		Room No:		730		740		
712		721		731		741		
713		722		732		742		
714		723		733		743		
715		724		734		744		

Whether any candidate was found engaged in any type of malpractices such as impersonation, cheating, having un allowed material etc. during the examination. If 'yes' state his/her roll no., name & other details. Complete detail of disputed candidates who were allowed to attend on conditional basis should be reported.

I certify that the candidates appeared in exam are genuine and correct. I have checked the correctness of candidates with reference to photograph and signature on attendance sheet.

(Signature of the Assistant Observer)



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REPORT-5

## REPORT OF CHIEF INVIGILATOR

CENTRE NO.: \_\_\_\_\_

CENTRE CODE: \_\_\_\_\_

Name of the Examination Centre : \_\_\_\_\_

Name of the Examination : \_\_\_\_\_

Date and Time of Examination : \_\_\_\_\_

Arrival Time at the Centre : \_\_\_\_\_

S.NO.	SUBJECT	REMARKS
1	Whether Identity Cards of all invigilators was checked & found correct. (Room number wise list of invigilator enclosed) Further (in case of any discrepancy, please report with name/designation of invigilators)	
2	Whether all invigilators reported on prescribed time? (Give names of invigilators who reported late)	
3	Whether invigilators were deployed in such a way that each room was having one invigilator from school Teaching Staff and other from clerical staff deployed by Board (in case of any discrepancy, please report with reasons) [This column will be filled in case Board deploys clerical staff as invigilators]	
4	Whether all the invigilators who were deployed are teaching faculty/staff of the same school. If not, please furnish details?	
5	Whether any person was deployed as invigilator who was not included in the list of Invigilators provided by the Board to you? If yes, give details.	
6	Whether independent verification of all candidates present in examination carried out?	



7	Whether any case of impersonation, wrong candidature was observed? If yes, provide details, Name of candidate against whom wrong person appeared, Roll No., Name & Address of person caught for impersonation, names of all invigilators in that room . Action taken against defaulters, details of police complaint lodged etc.	
	Whether all Attendance Sheets and Admit Cards are duly signed by candidates as well as invigilators as per instructions. (Strictly ensure it )	
	<b>Complaint of invigilators, if any</b> (Give full details with name etc.)	

I certify that no person was allowed to work as invigilator in the Centre other than the Teaching/Clerical Staff of the same school

Signature of Chief Invigilator



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REPORT-6

### Report of Flying Officer

Flying Officer No. \_\_\_\_\_

Name of the Flying Officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Phone No.(Mobile) : \_\_\_\_\_ Resi. \_\_\_\_\_

Names of the examination centre visited	Centre No. & Centre Code	Time of Visit	Report (As to whether process of Exam at the centres visited was smooth and in accordance with the prescribed instructions / guidelines or any malpractice/ shortcoming was noticed. In case of later brief description of malpractice/ violation/ may be furnished.

(Signature of the Flying Officer)

