



Govt. of NCT OF DELHI  
Delhi Subordinate Services Selection Board FC-18, Institutional Area,  
Karkardooma, Delhi – 110 302. Ph. 22370100

**REPORT OF CHIEF INVIGILATOR**

Centre Name\_\_\_\_\_

Name of Examination\_\_\_\_\_

Date & Time of the Examination\_\_\_\_\_

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

S.No.	Subject	Remarks
1	Whether identity cards of all invigilators deployed by the Board was checked & found correct. Further(in case of any discrepancy, please report with name/designation of invigilators)	
2	Whether all invigilators reported on prescribed time?( Give name of invigilators who reported late)	
3	Whether any person was deployed as invigilator who was not included in the list of invigilator provided by the Board to you? Yes, give details.	
4	Whether independent verification of all candidates present in examination hall carried out?	
5	Whether any case of impersonation, wrong candidature was observed? If yes, provide details including Name of candidate against whom wrong person appeared, Roll No., Name & Address of person caught for impersonation, names of all invigilators in that lab. Action taken against defaulters, details of police complaint lodged etc.	
6	Whether all Attendance Sheets and Admit Cards are duly signed by candidates as well as invigilators as per instructions.  (Strictly ensure)	
7	Complaint of invigilators, if any (Give full details with name etc.)	
8	Details of candidates who required shifting of seat, Name, Roll No., Father Name, DOB, old seat No. and New Seat No.	

I certified that no person was allowed to work as invigilator in the centre which was not deployed by the Board

Signature of Chief Invigilator

Name of Chief Invigilator

Deptt.

Mobile No.

**REPORT OF TECHNICAL OBERVER**

Centre No. : \_\_\_\_\_

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

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

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

Sr. No.	Particulars	Observations
1)	Whether mobile jammer, if installed was working properly or not. If not, then what are the reasons thereof.	
2)	Whether any candidate was found engaged in any type of malpractice during the examinations. If yes, state his/her roll number, name and other details. Complete details of disputed candidates who were allowed to attend conditional basis should be reported.	
3)	Whether any candidate was caught in cheating through blue tooth device, wi fi device. If yes, the details thereof.	
4)	Whether the primary server was attach to the internet any time during the exam or not.	
5)	Date and time of uploading of data of candidates responses on data centre.	
6)	Any other remarks	

Signature of the Technical Observer

Name: \_\_\_\_\_



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**REPORT OF OVERALL INCHARGE**

Centre No. & Name \_\_\_\_\_

Name of Examination \_\_\_\_\_

Date & Time of the Examination \_\_\_\_\_

1	Name and Designation of Overall Incharge	
2	Reporting time of Observer-cum-Coordinator	
3	Reporting time of Chief Invigilator	
4	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?	
5	Whether Absent has been marked on attendance sheets for absent candidates?	
6	Whether any candidates 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)	
7	Whether police complaint has been lodged against such candidates?(enclosed a copy of police complaint/FIR (Prepare Special Report in Prescribed format)	
8	Name and Designation of invigilators of the lab, wherein any case of impersonation or illegal possession of mobile phone/books etc. is reported by any exam functionary on duty.	
9	Whether proper lighting, sanitation, drinking water, sitting facility was provided to the candidates?(provide details of any discrepancy)	
10	Whether police personnel (male/female both) reported for duty at prescribed time.	
11	Whether adequate arrangement was made by EDCIL for frisking of candidates at entrance gate of centre.	
12	Whether any examination functionary was found indulging in malpractice before/ during/ after the examination? (provide details, if any)	
13	Whether the mobile jammer, if installed was functioning properly?	
14.	Did any of the jammers reported any technical glitch during the period of operation.	
15	Any other point?	

Certified that all instructions issued by the Board regarding conducted 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,

(Name, Signature, Deptt. & Mobile no. of Overall Incharge)

**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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**SPECIAL REPORT**

(Joint report by Overall Incharge and Observer)

( 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. : \_\_\_\_\_  
Name of the Centre : \_\_\_\_\_  
Date & Time of Examination : \_\_\_\_\_  
Name of Examination : \_\_\_\_\_

To,  
The Controller of Examination  
Delhi Subordinate Services Selection Board  
FC-18, Institutional Area,  
Near Railway Reservation Centre.  
Karkardooma Delhi- 110092

Sub: Special Report on the misbehavior/malpractice resorted to by Sh/Ms / \_\_\_\_\_  
S/o \_\_\_\_\_

Address \_\_\_\_\_ Roll No. \_\_\_\_\_

S.No.	Particulars	Details
1	Nature of malpractices/impersonation /copying/helping others to copy /misbehavior towards Invigilating staff, etc ( Briefly Indicate occurrence)	
2	Lab details- Lab No. , No. of Invigilators and No. of candidates	
3	Name (s) and address of the Invigilators (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 the support of the case reported upon ( to us 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 Overall Incharge and Observer-cum-coordinator ( 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	

(Name, Signature, Deptt. Mobile no. of the Observer-Cum- Coordinator)

((Name, Signature, Deptt. Mobile no of Overall Incharge)

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 Overall Incharge and Observer.
3. All the statements recorded or obtained from the examinations or invigilators should be attested by the overall Incharge and Observer.
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 OF OBSERVER-CUM-COORDINATOR

Centre No. : \_\_\_\_\_  
Name of the Centre : \_\_\_\_\_  
Date & Time of Examination : \_\_\_\_\_  
Name of Examination : \_\_\_\_\_

General Arrangements at the examination centre		
1	General arrangements at the examination centre	
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 hall/rooms.	
4	Whether there were proper arrangements for drinking water for the candidates.	
5	Whether there were proper Sanitation arrangements.	
Before the commencement of Exam		
1	Whether the Chief Invigilator has taken an undertaking that none of the relations of the Invigilators of staff engaged on duty are appearing in the centre.	
2.	Whether the examination started at the scheduled time.	
During the examination		
1	Whether the invigilators duly signed the list of absentee candidates along with attendance sheets.	
2	Whether the invigilators and chief Invigilator have signed all the attendance sheets?	
3	Whether any candidate was found engaged in any type of malpractice during the examinations. If 'yes' state his/her roll Number, name and other details. Complete details of disputed candidates who were allowed to attend o conditional basis should be reported.	
After completion of the examination		
1	Whether any candidate was found using any unfair means if yes, whether the material recovered, copy of the FIR lodged and all other relevant documents were forwarded to the Board.	
2.	Whether mobile jammer, if installed, was working properly or not?	
3.	Any other point.	

Name, Signature, Deptt. Mobile no of the Observer-Cum-Coordinator



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**REPORT OF INVIGILATOR**

Centre No. & Name \_\_\_\_\_

Name of Examination \_\_\_\_\_

Date & Time of the Examination \_\_\_\_\_

S.No.	Particulars	Details
1	Whether all the candidate photo & signature match with the scanned photo & signature available on attendance sheet.	
2	Whether all the candidate sit on their allotted seat.	
3	Whether Attendance Sheet & Admit card has been signed	
4.	Whether 2 <sup>nd</sup> Page of Admit card of the candidates has been taken & submitted to Chief Invigilator.	
5	Any discrepancies, if any, provide the details	
6	Whether any candidate was found engaged in any type of malpractice during the examinations. If 'yes' state his/her roll Number, name and other details.	

Name, Signature, Deptt. Mobile no of the Invigilator





ANNEXURE-

**DEPLOYMENT OF SECURITY PERSONNEL**

Centre No.	:	
Name of the Centre	:	
Date & Time of Examination	:	
Name of Examination	:	

**Police Personnel/ Civil Defence**

S.No.	Name of Security Personnel	Designation	I.D. No.	Time of Reporting	Signature of the Security Personnel
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

It is certified that above mentioned security personnel have performed their duty on the day examination.

Signature of Overall Incharge

Note: In case security personnel has not attended the duty as per prescribed duty time, the Overall Incharge should mention it in its final report.



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ANNEXURE-

**REPORT /CERTIFICATE REG. SMOOTH CONDUCTION OF EXAMINATION BY  
OVERALL INCHARGE, CHIEF INVIGILATOR, AND OBSERVER (EACH LAB)**

Centre No. : \_\_\_\_\_  
Name of the Centre : \_\_\_\_\_  
Date & Time of Examination : \_\_\_\_\_  
Name of Examination : \_\_\_\_\_

The examination for the post of \_\_\_\_\_ ( post code \_\_\_\_\_ ) has been  
conducted at centre No. \_\_\_\_\_

The examination has been conducted smoothly ensuring that actual /genuine candidate  
have appeared in the examination leaving no scope for any Impersonation or any kind of  
Irregularity. For any case of Impersonation/irregularity, if found the undersigned would be  
responsible.

(1) \_\_\_\_\_  
( Signature)  
Name of Overall Incharge:  
Designation:  
Mobile No.

(2) \_\_\_\_\_  
( Signature)  
Name of Chief Invigilator:  
Designation:  
Mobile No.

(1) \_\_\_\_\_  
( Signature)  
Name of Observer  
Designation:  
Mobile No.





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ANNEXURE-

Centre  
Name \_\_\_\_\_

Name of  
Examination \_\_\_\_\_  
Date & Time of the  
Examination \_\_\_\_\_

**NO RELATION CERTIFICATE OF EXAM FUNCTIONARIES**

(To be prepared by Chief Invigilator & to be handed over to Observer-Cum-Coordinator after Exam)

This to certify that none in my relations (Husband, Wife, Son, Daughter, Brother, Sister, Nephew, Niece, Sister-in-law, Brother-in-law, Son-in-law or Daughter-in-law etc.) is a candidate for the above Examination in this Examination Center.

Sl.No.	Name of the Exam Functionaries	I.D.No.	Design.	Reporting Time(Mark 'Absent' in case of Exam Functionaries	Whether having Identity Card ?(yes/no)	Signature of Exam Functionaries	Lab No. Allotted (by Chief Invigilator)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

(Signature of Chief Invigilator)

(Signature of Overall Incharge  
Coordinator)

(Signature of the Observer-Cum-

Note:

- Any deficiency in respect of above columns should be highlighted in the "Report of Chief Invigilator".
- Overall Incharge, Observer-Cum-Coordinator and Chief Invigilator to ensure that no person other than deployed by the Board and EDSIL is working as Invigilator. In case of violation of this instruction, Strict disciplinary action will be taken against all responsible officers/officials.

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BILL OF CONTINGENCY EXPENDITURE INCURRED

CENTRE No:

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

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

Sl No.	Exam Functionary	No. of Shifts	No. of officers/officials	Rate of Remuneration(Rs.)	Amount Disbursed (Rs)
1.	OVERALL INCHARGE				
2.	CHIEF INVIGILATOR				
3.	TECHNICAL OBSERVER				
4.	OBSERVER				
5.	INVIGILATOR				
6.	CLERKS				
7.	TOTAL EXPENDITURE				
8.	TOTAL AMOUNT ADVANCED RECEIVED				
9.	BALANCE (IF ANY)				

CERTIFICATE

- I certify that I have acted as Observer.
- I certify that the expenditure shown in this bill could not, with due regard to the interest of the public service, be avoided. I have satisfied myself that all expenditure shown in this bill have been paid. Vouchers for all expenditure incurred are attached to this bill.
- I certify that all vouchers have duly been stamped, cancelled and forwarded to the Board office for safe custody.
- I certify that the functionaries utilized for the conduct of the aforesaid examination have been paid remuneration.
- I certify that all the officials whose remuneration is claimed in this bill have performed duties for the conduct of said examination.
- I certify that all the officials, whose remuneration is claimed, are staff deployed by the Board.

(Signature, Name, Mobile no. of observer)

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ABSENTEES STATEMENT FOR THE LAB

CENTRE NO:

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

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

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

No. of candidates Allotted: \_\_\_\_\_

No. of Candidate Present: \_\_\_\_\_

No. of Candidates Absent: \_\_\_\_\_

**Signature of**  
**(Observer-cum Coordinator)**

**Signature of**  
**(Chief Invigilator)**



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ABSENTEES STATEMENT FOR THE CENTRE

CENTRE NO:

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

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

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

No. of candidates Allotted: \_\_\_\_\_

No. of Candidate Present: \_\_\_\_\_

No. of Candidates Absent: \_\_\_\_\_

**Signature of Overall Incharge**



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ANNEXURE –

**ACQUITTANCE ROLL**

(for payment of Remuneration at Exam Centre)

Centre No.: ..... Name of the Center: .....

Date & Time of Examination : .....

Name of Examination : .....

S.No.	Name of the Officer/Official	Designation	Deptt.	Mbl. No.	Amount	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTAL AMOUNT of Rs.:						

Signature of Observer  
Name of Observer  
Mbl No.: