

BOARD OF SCHOOL EDUCATION HARYANA, BHIWANI
INSPECTION REPORT PROFORMA OF FLYING SQUAD

Name of the Examination _____ Date of Inspection _____ Subject _____

Name of the Centre Visited	Time	During of Stay	No. of U.M.C. Detected	Remarks
1				
2				
3				
4				
5				
6				
			Total	

1. Remarks about the Question Papers account _____

2. Working of Centre Supdt./Staff _____

3. Any Suggestion for better conduct of Exam. _____
- Name and Signature of the party members :-

(With full address)

1. _____

2. _____

3. _____

Date

Full Signature of Incharge Flying Squad
(With full address)
Telephone/Mobile No. _____