



KUMAUN UNIVERSITY NAINITAL

**INSPECTION FORMAT FOR
ESTABLISHMENT OF NEW
EXAMINATION CENTRE
FOR SESSION: Yr ()**

OFFICE OF THE CONTROLLER OF EXAMINATION

1. Name of the College : _____

2. Year of inception of the College: _____

3. Address: _____

Town/Village: _____

Taluk/ Block: _____

District: _____

State: _____

Pin Code: _____

4. Name of Principal: _____

Tel. No. with STD Code: _____ (O) _____

(R) _____ Fax _____ (Mob) _____

E-mail: _____

5. Name and Designation of the Centre Superintendent (Principal/ Vice Principal/ Senior most Teacher): _____

Tel. No. with STD Code: _____ (O) _____

(R) _____ Fax _____ (Mob) _____

E-mail: _____

6. Status of Affiliation: _____

7. Affiliation No: _____

8. Details of the Bank Account of the College:

Banker's Name: _____

Address: _____

Bank Account No.: _____

IFSC Code: _____

MICR No.: _____

Signature of the Principal:

Signature of Inspector: 1.

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9. Stream of courses in the college: _____
(Arts/ Science/ Commerce/ Professional Courses)

10. Level of Courses in the college: _____ (U.G., P.G., BOTH)

11. Details of Courses

Course of Study	Subject	No. of Students enrolled	No. of students who have submitted the examination form
Undergraduate Level			
Postgraduate Level			

Signature of the Principal:

Signature of Inspector: 1.

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INFRASTRUCTURE AVAILABLE:

1. Number of Rooms/ Halls available in the College with size of rooms.

S. No.	Details/ Nomenclature of the Rooms/ Halls	Size of Rooms (square meters)

2. Availability of Furniture

S. No.	Single Desk	Double Desk	Multiple Desk	Fixed/ Movable

3. Total no. of examinees who can be accommodated in the centre in one session: _____

4. Availability of Separate Examination Control Room: (Available/ Not Available)

5. Availability of Boundary Wall around the college campus: (Available/ Not Available)

6. Availability of Strong room for storage of question papers: (Available/ Not Available)

7. Location of Strong room: _____ Ground/First/Second Floor)

8. Distance for Principals office: _____

9. Number of double locked almirahs in the strong room: _____

10. Provision for double lock doors: _____

11. Provision for Channel/ Grilled Doors: _____

Signature of the Principal:

Signature of Inspector: 1.

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12. Availability of Public Address System: _____(Available/ Not Available)

13. Name of nearby Police Station with Tel. No.: _____

14. Details Previous Examination conducted by the College, if any

(Board/ Council/University/ Competitive/ Recruitment Test)

S. No.	No. of candidates appeared	No. of candidates per Rooms	No. of college teachers involved as invigilators

15. Distance of College from Railway Station: _____ Km.

from Bus Stand: _____ Km.

from Police Station: _____ Km.

from Post Office: _____ Km.

from Hospital/ CHC: _____ Km.

from District Headquarters: _____ Km.

from University Headquarters: _____ Km.

16. Overall grading for Suitability as Examination Centre as per infrastructure available:

(Excellent/Very Good/ Good/ Satisfactory/ Not Suitable)

17. Remarks:

Signature of the Principal:

Signature of Inspector: 1.

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STAFF AVAILABLE FOR EXAMINATION/ INVIGILATION DUTY:

1. Details of Teaching Staff:

S. No.	Name of Teacher	Designation (Professor/ Associate Professor/ Assistant Professor/ Teaching Personnel)	Nature of Appointment (Permanent/ Ad Hoc./Contractual/ Visiting Faculty/ Part time)

Signature of the Principal:

Signature of Inspector: 1.

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2. Total no. of Ministerial Staff: _____(Class III employees including laboratory Staff)
3. Total no. of Class IV employees: _____(including laboratory Staff)
4. Total No. outsourced Staff apart from those mentioned in s. no. 2 & 3 above:
 - a. Class III: _____
 - b. Class IV: _____

5. Name and Designation of the Senior Superintendent (Morning Session 7:00 to 10 am):

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

6. Name and Designation of the Assistant Superintendent (Morning Session 7:00 to 10 am):

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

7. Name and Designation of the Senior Superintendent (Noon Session 11:00 am to 02 pm):

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

8. Name and Designation of the Assistant Superintendent (Noon Session 11:00 am to 02 pm): _____

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

Signature of the Principal:

Signature of Inspector: 1.

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9. Name and Designation of the Senior Superintendent (Evening Session 3:00 to 06 pm):

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

10. Name and Designation of the Assistant Superintendent (Evening Session 3:00 to 06 pm):

Tel. No. with STD Code: _____(O)_____

(R)_____ Fax _____(Mob)_____

E-mail: _____

11. No. of Teachers assisting in the Examination Control Room:

_____ (Morning Session) _____ (Noon Session) _____ (Evening Session)

12. No. of Class III employees assisting in the Examination Control Room:

_____ (Morning Session) _____ (Noon Session) _____ (Evening Session)

13. No. of Class IV employees assisting in the Examination Control Room:

_____ (Morning Session) _____ (Noon Session) _____ (Evening Session)

14. No. of Teachers assisting in the Internal Flying squad:

_____ (Morning Session) _____ (Noon Session) _____ (Evening Session)

18. Overall grading for Suitability as Examination Centre as per Staff available:

(Excellent/Very Good/ Good/ Satisfactory/ Not Suitable)

19. Remarks:

Signature of the Principal:

Signature of Inspector: 1.

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3.

AMENITIES AVAILABLE:

1. Availability of Security Guard: (Available/ Not Available)
2. Availability of CCTV: (Available/ Not Available)
3. Availability of Electricity: (Available/ Not Available)
4. Alternative Source of Energy: (Solar Panel/ Generator)
5. Availability of Wash room facility:
 - a. For Girls: (Available/ Not Available)
 - b. For Boys: (Available/ Not Available)
 - c. For Female Staff: (Available/ Not Available)
 - d. For Male Staff: (Available/ Not Available)
6. All weather approach road to the college: (Available/ Not Available)
7. Potable Drinking water supply: (Available/ Not Available)
8. First Aid Facility : (Available/ Not Available)
9. Transport Facility for Staff: (Available/ Not Available)
10. Transport Facility for Students: (Available/ Not Available)
11. Ambulance: (Available/ Not Available)
12. Internet Facility: (Available/ Not Available)
13. Reprographic Facility: (Available/ Not Available)
14. Staff room: (Available/ Not Available)
15. Rest room/ Guest House: (Available/ Not Available)
16. Overall grading for Suitability as Examination Centre as per Amenities available:
(Excellent/Very Good/ Good/ Satisfactory/ Not Suitable)
17. Remarks:

Signature of the Principal:

Signature of Inspector: 1.

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