

**ANSWER SCRIPTS DESPATCHED DECLARATION OF  
EXAMINATION 20 (SESSIONWISE)**

Name of the Examination Center with telephone number	
Name of the Chief Superintendent with cell number	
Name of the Observer with cell number	
Total Number of Student Assigned for Morning Session / Afternoon Session	
Total Number of Student Absent for Morning Session / Afternoon Session	
Total number of Answer Script bundle	
Bundle sealed Date and Time	

I hereby declare that Date \_\_\_\_\_ Morning Session / Afternoon Session Answer Script bundle sealed before me at \_\_\_\_\_. I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Signature of the Observer**