

PARA MEDICAL BOARD, BANGALORE, KARNATAKA

New No. 40/20A, I Floor, Lakshmi Complex, Opp. Vanivilas Hospital, Bangalore.

Invigilator Diary for Practical Examination of Annual / Supplementary Examination _____				
Separate Invigilator Dairy should be used for each QP Code /Subject/Paper/Section.				
Invigilator Diary should be sent along with Answer Books.				
Examination Centre / Institute Name:				
Date of Examination:				
Course:		Subject:	Section:	
Name of the Invigilator:				
Sl. No	Reg. No. of Candidate	Name of the Candidate	Sl.No. of Answer Book	Signature of Candidate
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No. of Candidate's Assigned:

No. of Candidate's Absent:

No. of Answer Books Issued:

No. of Answer Books Used:

**Signature of the Internal Examiner with
Designation**

**Signature of the External Examiner with
Designation**

Contents Verified & Found Correct

Signature of the Principal With Seal

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Practical Examination Marks List of Annual / Supplementary Examination _____

Note: Original Marks List should be sent in Separate Envelope (One set zerox has to enclosed along with answer booklet)

Institute Name with Address:						
Course:		Year:		Subject:		
Name and Designation of Internal Examiner:			Name and Designation of External Examiner:			
Sl. No	Reg. No. of Candidate	Name of the Candidate	Practical Marks	Viva Marks	Total Marks	Marks in Words
1						
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**Signature of the Internal Examiner
with Designation**

**Signature of the External Examiner with
Designation**