

**PARA MEDICAL BOARD, BANGALORE, KARNATAKA**

No. 40/20A, I Floor, Lakshmi Complex, Fort, K R Road, Bangalore-02

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**Consolidated Statement of "Absentees" and Answer Books.**  
*(To be filled by the concerned officials only)*

Examination Centre: No. of Students Assigned :  
Date of Examination: No. of Students Present:  
Time: No. of Students Absent:  
Course: Sl.No.of Answer books issued  
From: To:  
Subject: Total No. of Answer books used:  
QP Code: Total No. of Answer books unused:  
Paper/ Section: Total No. of Answer books in the bundle:  
No. of Mal-Practice cases  
(Answer books shall be sent seperately)

**Details of Invigilator's Diary:**

Sl. No	Name of the Invigilator	Total No.of candidates Assigned	Total No. of absentees and their Register Numbers	Sign. of Invigilator
			Reg .Nos	
1				
2				
3				
4				
5				
6				
7				
8				
9				

Signature of the Observer

Name:

Signature of Chief/ Deputy Chief  
Superintendent

Name: