



PARA MEDICAL BOARD, BANGALORE, KARNATAKA

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

Examination 20 . Center Code:

Invigilator Diary (should be sent along with Answer Books)

Q.P.Code:

Examination Centre:

Date of Examination:

Session: Morning/Afternoon

Course:

Subject:

Section:

Name of the Invigilator:

Name of the Observer:

Sl. No	Reg. No. of Candidate	Sl.No. of Answer Book	Signature of Candidate
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No. of Candidate's Assigned: \_\_\_\_\_

No. of Candidate's Absent: \_\_\_\_\_

Total No. of Booklet in Bundle: \_\_\_\_\_

Mal-Practice ,if any:

Yes

No

Register No of the Candidates involved in Mal Practice:


Contents Verified & Found Correct

Signature of the Invigilator

Signature of the Observer