



श्री माता वैष्णो देवी विश्वविद्यालय

Shri Mata Vaishno Devi University

Kakryal (Katra)–182320

FLYING SQUAD REPORT

1. Date: _____
2. Name of the Examination: _____
3. Time of commencement of visit: _____
4. Time of completion of visit: _____
5. List of examination halls / rooms / labs visited: _____

6. **Arrangements in examination halls / rooms / labs**

(i)	Whether condition of examination halls / rooms / labs was good?	Yes / No
(ii)	Whether adequate seating arrangements were there?	Yes / No
(iii)	Were all the invigilators present?	Yes / No
(iv)	Whether any case of using unfair means was observed during the visit?	Yes / No
(v)	If yes, entry no(s). of the student(s) caught using unfair means.	

7. Any observation(s) with respect to point no. 6 above:

8. Comments on overall assessment of the Examination:

9. Signature of committee members: (a) _____ (b) _____

(c) _____ (d) _____ (e) _____