



**BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, LAHORE**

**Centre Visit Report of Distributing Inspector**

Secondary School/Intermediate (Annual/Supplementary) Examination 201....

Date \_\_\_\_\_ Subject/Paper \_\_\_\_\_ Group \_\_\_\_\_ Centre No. \_\_\_\_\_

Name of Bulding \_\_\_\_\_

Name of Superintendent with Address \_\_\_\_\_

Suppt. Board I.D. \_\_\_\_\_

CHECK LIST	STATUS		REMARKS		
	YES	NO			
1. Availability of Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>			
2. Availability of Deputy Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>			
3. No. of Invigilators on Duty	<input type="checkbox"/>	<input type="checkbox"/>			
4. Did you Cheek the Signature of Superintendent, Dputy Superintendent, RI and Senior Invigilator on Question Paper envelope with Time of opening.	<input type="checkbox"/>	<input type="checkbox"/>	Please Mention the time of Opening the question paper envelope.....		
5. Maintenance of Discipline.	<input type="checkbox"/>	<input type="checkbox"/>			
6. Appropriate seating plan as per given norms.	<input type="checkbox"/>	<input type="checkbox"/>			
7. Utilization of Answer Scripts as per present candidates.	<input type="checkbox"/>	<input type="checkbox"/>	Sr. No. Of used Answer Scripts..... Sr. No. Of Balanced.....		
8. Comparison of Present/Absent Candidates as per record.	<input type="checkbox"/>	<input type="checkbox"/>	Total Candidates	Present	Absent
9. Availability of basic amenities	YES	NO		YES	NO
* Security Measure	<input type="checkbox"/>	<input type="checkbox"/>	* Police Contingent	<input type="checkbox"/>	<input type="checkbox"/>
* Security Guard	<input type="checkbox"/>	<input type="checkbox"/>	* Boundary Wall (8fit)	<input type="checkbox"/>	<input type="checkbox"/>
* Metal Detector	<input type="checkbox"/>	<input type="checkbox"/>	* Razor Wire (2fit)	<input type="checkbox"/>	<input type="checkbox"/>
* Weapon	<input type="checkbox"/>	<input type="checkbox"/>	* Electricity	<input type="checkbox"/>	<input type="checkbox"/>
* CCTV Camera	<input type="checkbox"/>	<input type="checkbox"/>	* Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>

**DETAIL OF UNFAIRMEANS CASES**

Please give detail of the Unfair means cases detected by you. Objectionable material may please be attached and signed indicating the portion copied (if any). Please get receipt in duplicate from the Superintendent in respect of the Unfairmeans cases. One copy may be retained by you and the other be appended with the report.

Detail of the Roll Nos. detected \_\_\_\_\_

Certified that the above quoted cases were detected and handed over to the Superintendent duly completed in all respect.

Address \_\_\_\_\_

Signature of Distributing Inspector

Date \_\_\_\_\_

Name \_\_\_\_\_

Board ID \_\_\_\_\_

Time of Visit \_\_\_\_\_