

### CAL-C Daily Examination Report

Name of CAL-C Examination Center : _____		Feb/ Aug 200__								
Name of ES : _____		Contact No of ES: _____								
	Date : _____									
	Time : _____									
1	<b>Name of Course</b>	H01	H02	H03	H04	CCPS	D-PAN	ADEN	DITT	STC
2	<b>Name of Subject</b>									
3	<b>Total Students (as per attendance list)</b>									
4	<b>Total Students Present</b>									
5	<b>Total Students absent</b>									
6	<b>Extra Student</b>									
7	<b>Total Student</b>									
		<b>No. of Students</b>	<b>Name of Faculty appointed for duty</b>			<b>Signature of Faculty-1</b>			<b>Signature of Faculty-2</b>	
	<b>Room No : 1</b>									
	<b>Room No : 2</b>									

	<b>Room No : 3</b>				
	<b>Room No : 4</b>				
	<b>Room No : 5</b>				
	<b>Room No : 6</b>				
	<b>Room No : 7</b>				
S No.	Nature of Complaint	Question No(s)	Suggestions (Attach Separate Sheet, if so Required)		
1.	Question deemed out of Syllabus				
2.	Beyond the Comprehension level of the candidate				
3.	Faulty translation				
4.	Defective formatibn of questions				
5.	Any other (Please specify with relevant details)				

The above mentioned details are correct, true and is matched with the Attendance list of PICTCL.

\_\_\_\_\_  
(Signature of ES)

\_\_\_\_\_  
(Signature of Centre Head)

\_\_\_\_\_  
(Signature of PICTCL official)