

Daily Examination Report

Name of CAL-C Examination Center : _____ Feb/ Aug 200 Name of ES : _____										
Date : _____	Time : _____									
1	Name of Course	A01	A02	A04	A05	B01	MD1	MD2	MD3	MD4
2	Name of Subject									
3	Total Students (as per attendance list)									
4	Total Students Present									
5	Total Students absent									
6	Extra Student									
7	Total Student									
		No. of Students	Name of Faculty appointed for duty				Signature of Faculty-1		Signature of Faculty-2	
	Room No : 1									
	Room No : 2									

	Room No : 3				
	Room No : 4				
	Room No : 5				
	Room No : 6				
	Room No : 7				
	Remarks (If any)				

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)