



REPORT OF CENTRE No. -----

(This report should be submitted online on vvm.org.in on same day)

1. Centre Number: _____

2. Centre Name: _____

3. Name of examination Coordinator: _____

4. Number of students Present:

6 th		7 th		8 th		9 th		10 th		11 th	
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5. Number of students Absent:

6 th		7 th		8 th		9 th		10 th		11 th	
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6. Number of students enrolled:

6 th		7 th		8 th		9 th		10 th		11 th	
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7. Number of Invigilators appointed: _____

8. Number of Question papers received:

9. Number of unused question papers:

10. Details of OMR sheets received:

Serial No: From: to:

Used: From: to:

Unused: From: to:

Defective/spoilt: From: to:

11. Any VIBHA coordinator visited your centre: Yes / No.

If yes, Name:

Signature of VBIHA coordinator:

Time and duration of visit:

12. Any other matter you would like to highlight /inform: (write in details on separate page.)

Place:
Date:

Signature of examination Coordinator

Seal of examination centre