Form No: F2

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD**

**OFFICE OF THE DEAN (ACADEMIC)**

**REPORT OF THE CONDUCT OF EXAMINATION**

[To be submitted by Course Coordinator to the Office of Dean (Academic) within 24 hours after completion of examination]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Session** | |  | | | | **Semester** | | Monsoon | | |  | | | Winter | |  | | Summer | |  |
| 1. | Course Code |  | | | | Course Name | |  | | | | | | | | | | | | |
| 2. | Date of Examination | | |  | | | | | Time & Duration | | | | | |  | | | | | |
| 3. | Venue of Examination | | |  | | | | | No. of Halls in which Examination was held | | | | | |  | | | | | |
| 4. | No. of Students registered in the Course |  | | | No. of students present | | | | |  | | | No. of students present | | | | | |  | |
| 5. | Name of Course Coordinator | | | | | |  | | | | | | | | | | | | | |
| 6. | No. of Invigilators: | | Faculty Member | | | |  | | | | | Research Scholars | | | | |  | | | |

**Report:**

Remarks, if any

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| --- | --- | --- | --- |
| Was the seating plan announced? | Yes | No |  |
| If the seating plan was announced, did the student sit according to the plan? | Yes | No |  |
| Did the examination start on specified time?  *(If No, please give reasons at the back of the sheet)* | Yes | No |  |
| Was there any kind of disturbances during the examination? | Yes | No |  |
| Whether each Hall had a faculty member as invigilator?  *(If No, the reason thereof)* | Yes | No |  |
| Cases of Unfair means, if any | Yes | No |  |
| Any other comments/ Observations: | | | |