

ANNEXURE-V

[BUNDLE-I]

[Note: This Format is used only for Bundle-1]

DETAILS TO BE MENTIONED AND PASTED ON THE OUTER SEALED CLOTH COVER

Name of the Examination : Date : Session: FN/AN.

Name of the Centre: Venue No:

NO. of Candidates Allotted: Present: Absent:

No. of used Answer Sheets kept in the Bundle:

No. of Wax Seals affixed :

I was personally present during counting and packing of used OMR Answer sheets and while affixing Barcode Sticker on the packet. The Bundle contains _____ number of used OMR Answer sheets

To
Tmt.V.SHOBHANA,I .A.S.,
CONTROLLER OF EXAMINATIONS
TAMIL NADU PUBLIC SERVICE
COMMISSION
FRAZER BRIDGE ROAD, VOC NAGAR,
PARK TOWN, CHENNAI -600 003.

Signature of the TNPSC staff/
Inspection staff deputed by District Collector:
(with Name and Designation)

Signature of the Chief Invigilator:
(with Designation seal)