

FORMAT

The representations of the following candidates relating to _____ Examination held on _____ in regard to Question Paper / OMR answer sheets are enclosed herewith for necessary action.

Name of the Venue / Hall Number:

SI.No.	Reg. No.	Name of the candidate	Remarks

No representation is received from the candidates pertaining to _____ Examination held in Hall No.____(venue name) _____ on _____ F.N. with regard to Question Paper / OMR Answer Sheet.

--- (NIL) ---

Signature of the Invigilator:

Signature of the Chief Invigilator:

Name and Designation:

Venue name and Hall number: