

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)