

### JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA (Established by Act No.19 of 2019 of Legislature of the State of Punjab)

#### Ref.No/PSOU/COE/.3.56

Dated .23.2.2023

Hard copy of below documents is to be submitted to University reg. Conduct, Bills related to University Examinations

S.No.	Document No.	Details	Remarks			
1.	P-17	Receiving Performa for Exam Centres Performa – For Theory Answer Books (OMR, Theory 32-pages ABs)	INDEX - For submitting final all record to University			
2.	P-1 (a)	P-1 (a) Secrecy memo cum Attendance Sheet Performa (same will be generated Online in Exam Portal for Theory)				
3.	P-5 (a)	Daily consumption of Blank Answer Books Performa (OMR, Theory- 32 Pages ABs)	ABs consumption record (Theory)			
4.	P-6	Performa to be used at Closing of Exam Centre (for used and unused exam material)	For closing of Exam Centre			
5.	P-12	Attendance Sheet Performa for Staff of Exam Centre (for Theory Exams Only)	Attendance record (Staff)			
6.	P-3	Question Paper Performa (Printing Cell)	Reg. Coordinator (Printing cell)			
П.	Document	s to be submitted for conduct of Practical Exams:				
1.	P-17	Receiving Performa for Exam Centres Performa – For Practical Answer Books	INDEX - For submitting final all record to University			
2.	P-1 (b)	Secrecy memo cum Attendance Sheet Performa (same will be generated Online in Exam Portal for Practical)	Student Attendance (Practical)			
3.	P-5 (b)	Daily consumption of Blank Answer Books Performa (Practical - 10 Pages ABs)	ABs consumption record (Practical)			
III.	Documents	to be be submitted reg. Bills of Exam Centre				
1.	P-4	Bill Performa for Staff on duty in Exam Centre (for conduct of Theory Exams)				
2.	P-14	Bill form for Evaluator (Paper checker) (for Theory Exams - As generated online in exam portal)				
3.	P-15	Bill form for Practical Examiner (for Practical Exams - As generated online in exam portal)				
4.	P-16	Travelling Allowance Form (TA Form) - if applicable				
5.	P-21	Remuneration Performa for Checking Assistant (Only to be used at Evaluation time)				

\* Hard copy of all above documents are to be submitted in separate Files (with Index as first page) as mentioned below, All record to be duly signed by Supdtt./Coordinator & then forwarded to Examination Branch of the University.

- 1. File 1 Conduct (Theory Exams)
- 2. File 2 Conduct (Practical Exams)
- File 3 Bills (Theory Exams)
   File 4 Bills (Practical Exams)

Seal/stamp and Signature of the Chief Coordinator/Principal of the college is also required on Index page of Main file.

\* Bills of respective Exam Centre will be cleared by University only on receiving of hard copy all above documents (as to submitted) in Main File.

23/02/2023

Controller of Examinations

**Controller of Examinations** Jagat Guru Nanak Dev Punjab State Open University Patiala



# JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY,PATIALA

(Established by Act No.19 of 2019 of Legislature of the State of Punjab

#### **RECEIVING PERFORMA (INDEX) – Theory & Practical Answer Books**

#### (To be used by Exam Centre for Submission of Answer Books & Boras/Packets to University)

Exam Centre ID:\_\_\_\_\_City:\_\_\_\_

Name of Exam Centre:

Date of receiving from Exam Centre:

#### Details of Answer Books (OMR /Theory-32 Pages):

Sr.No	Date	Type of	Total no.		Bag (Packet)				
		Answer Books (OMR / Theory- 32 Pages)	of Answer Books	Sr. No. of packets	No. of packets (Morning Session)	No. of packets (Evening Session)			
1									
2									
3									
4									
5									
6									

a) Main Total Boras (OMR Answer Books) :.....

b) Main Total Boras (Theory Answer Books -32 Pages) :.....

**Details of Practical Answer Books:** 

Sr.No.	Date	Total no. of	Bag (packet)				
		Practical Answer Books	Morning	Evening			
1							
2							
3							
4							
5							
	Total						

(To be filled by Exam Centre/College)	(Only for University use)
Submitted by:	Received by:
Sign:	Sign:
Name:	Name:
Designation:	Designation:
Mobile No.	Deptt. /Branch of University:
Date:	Date:
Forwarded by.	
Chief Coordinator/Principal of Exam Centre	
Sign with Stamp	
Date	
Name	
Mobile No	

This Performa may be updated (as required) by respective Exam Centre

### **Undertaking**

We do hereby declare that in concern to the Examination ...... held in Examination Centre at Inflibnet centre ,Gandhinagar, Gujarat, the manual attendance sheet of students are cross checked with present students, absentee list, detained list and UMC cases and the same has been uploaded online. If result got declared late due to wrong updation of serial number of answer sheets, then we shall be the sole responsible for the same. Duly signed printed copy of attendance sheet from login ID and Manual copy of attendance sheet are attached herewith.

Printing Cell	<u>Superintendent</u>
Coordinator	Signature:
Signature:	Name :
Name :	Mobile No. :

Mobile No. :

# Jagat Guru Nanak Dev Punjab State Open University, Patiala

Secrecy memo cum Attendance Sheet for Exam - (.....)

Center ID :11 Examination Centre :Inflibnet centre ,Gandhinagar, Gujarat Program : Certificate Course in Software Development and Programming Paper Id : GSD001 Course.Code :GC-SDP-01T Course Name :Programming using C Exam. Date :2022-08-08 Bag.No :

Sr.No	Sem.	Student Name	Roll.No	AnswerSheet No	Signature
1	Semester-1	Jaskaranbawa			
2		Kashish			
3		Monicarani			
4		Meenakshidhawan			

Total Present : \_\_\_\_\_ Total Absent : \_\_\_\_\_ Total UMC Case : \_\_\_\_\_

*Centre Supdt. Please Note :* No Student should be allowed to appear in examination without valid admit card and Photo ID Card

Signature & Mobile No. of Dy. Superintendent

Signature & Mobile No.of Invigilator

Signature & Mobile No. of Center Superintendent

## **Practical P-1** (b)

## **Undertaking**

We do hereby declare that in concern to the Examination ...... held in Examination Centre at Inflibnet centre ,Gandhinagar, Gujarat, the manual attendance sheet of students are cross checked with present students, absentee list, detained list and the same has been uploaded online. If result got declared late due to wrong updation of serial number of answer sheets, then we shall be the sole responsible for the same. Duly signed printed copy of attendance sheet from login ID and Manual copy of attendance sheet are attached herewith.

# Jagat Guru Nanak Dev Punjab State Open University, Patiala

Secrecy Memo cum Attendance Sheet for Practical Exam - (.....)

Center ID	11
<b>Examination Centre</b>	e :Inflibnet centre ,Gandhinagar, Gujarat
Programme	: Certificate Course in Software Development and Programming
<b>Course Code</b>	:GC-SDP-01P
Course Name	:Programming using C Lab
Exam Date	:02/09/2022
Bag No	:
Semester	:Semester-1

Sr.No	Student Name	University Roll.No	Practical A.Sheet No	Signature
1	Jaskaranbawa			
2	Kashish			
3	Monicarani			
4	Meenakshidhawan			

Total Present :\_\_\_\_\_\_ Total Absent :\_\_\_\_\_

*Coordinator Please Note :* No Student should be allowed to appear in examination without valid admit card and Photo ID Card

#### 1. Internal Examiner

### 3. Coordinator

Signature : Name : Mobile No : Signature : Name : Mobile No :

2. External Examiner

Signature : Name : Mobile No :

Performa For Daily Consumption of Blank Answer-Books (OMR / Theory- 32 Pages)

Examination Centre

Centre Code

Examination\_\_\_\_(Month/Year)

Note- One copy of this performa for each category of answer-books duly filled in should be sent to the Controller of Examinations at the End of Examination. The one copy should be retained by the Superintendent for the record.

			Answ	er-Books Receive	d			Answer-Books Co	nsumed				
Date	Session	okks Pages)		Serial Nos. of Answer-Books recd.		the		Serial Nos. of Books	Answer-		entre	of the intendent	Verified by Observer /
		Type of Answer Bokks (OMR/ Theory 32 Page	No of Answerbooks record.	From	То	No of candidatesin the session	No of Answer books / Consumed	From	То	Balance if any	Signature of theCentre Clerk	Signature of the Centre Superintendent	Flying Squad
Grand Total													
The above ba		has beer	Gerial Nos. From n re-deposited with the	to Controller of Exa	minations,	Certified that th the charge of th	ne above-not	alance and subsequent ed balance containing received by me after o	serial No.s f	rom	ove is corre	ct and that to	i

Submitted to Controller of Examinations, JGNDPSOU

Superintendent

Deputy Superintendent

Coordinator

College Name

Seal of the / Chief Coordinator/Principal (Institution)

Important--- The superintendent is requested to make entries to total cunsmption in the Account Register of Blank Answer-Books maintained at the institution, strike out the balances of each category in the same register, and intimate to this office the total stock (Category wise) lying at the institution according to the entries made in the register.

Performa For Daily Consumption of Blank Answer-Books(10 Pages)-Practical

Examination Centre

Centre Code

Examination (Month/Year)

Note- One copy of this performa for each category of answer-books duly filled in should be sent to the Controller of Examinations at the End of Examination. The one copy should be retained by the Superintendent for the record.

			Answer-Books Rece	eived	(0		Answer-Books Cor	sumed			0	
Data	ion	ver ord.	Serial Nos. of Ans	wer-Books recd.	candidates e session	ver	Serial Nos. of A	Answer-Books	e if any	e of the Clerk	lature of the Centre erintendent	Verified by
Date	Session	No of Answer books record.	From	То	No of candidate in the session	No of Answer books / Consumed	From	То	Balance if any	Signature of the Centre Clerk	Signature of the Centre Superintendent	Observer / Flying Squad
Grand Total												

The above balance of Stock containing Serial Nos. From\_\_\_\_\_

\_\_\_\_\_has been re-deposited with the Controller of Examinations, JGNDPSOU by the College (Name):

Certified that the opening balance and subsequent sequence shown above is correct and that the charge of the above-noted balance containing serial No.s from\_\_\_\_\_\_to has been received by me after counting the same.

. . .

Submitted to Controller of Examinations, JGNDPSOU

Superintendent

Deputy Superintendent

to

Coordinator

\_College Name

Seal of the / Chief Coordinator/Principal (Institution)

Important--- The superintendent is requested to make entries to total consumption in the Account Register of Blank Answer-Books maintained at the institution, strike out the balances o each category in the same register, and intimate to this office the total stock (Category wise) lying at the institution according to the entries made in the register.



#### JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA (Established by Act No.19 of 2019 of Legislature of the State of Punjab)

#### Performa to be submitted to University after Closing of Exam Centre

Name of Exam Centre:\_\_\_\_\_Centre Code:\_\_\_\_\_Session :\_\_\_\_\_

Sr.	ltems				OM	R		Theor	у		Practical	
no.								(32 pa	ages)		(10 Pages)	
				From	То	Total	From	То	Total	From	То	Total
1	Answer Sheets	a.	Issued									
	(Along with serial nos.)	b.	<b>Used</b> (Excluding Damaged & Discrepancy)									
		С	Unused (Excluding Damaged & Discrepancy)									
		d.	Damaged									
		e.	Missing									
		f.	Discrepancy in Serial No.									
			Total (b + c + d + e + f)									
	Stamps (No.)		a) Date Stamp									
	Returned		b) Space Below CancelledStamp									
			c) Exam Morning Stamp									
			d) Exam Evening Stamp									
			e) Brass Stamp with wooden handle									

		No. of files	Total No. pages in all files	Remarks
3	Secrecy Memo cum Students Attendance Sheet (as online generated) (with page marking)			
4	Performa of consumption of answer sheets (with page marking)(P-5 Performa to filled )			

Qty =

Verified by:

5

Bags Returned

Superintendent:	Coordinator:	Chief. Coordinator/Principal
Sign:	Sign:	
Name:	Name:	Name:
Mobile no:	Mobile no:	Mobile no:
* Note : Use additional sheets	·	
Received from (for Exam C Name	centre use only):	Handed over to (for University use on Name
Designation		Designation

Mobile no:

# ly):

Mobile no:\_\_\_\_\_

#### JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA

					At	tenda	ance S	heet	of St	aff or	n Exar	ninat	tion D	uty (	Theor	ry Exa	am on	ly)							
Exam	Centre Name:						Citv:			Cent	re ID:			Exam	ninati	on:		N	lonth			.Year		(Regu	ar & Reappear)
Sr.no	Name of staff	М	E	м	E	м	E	Μ	E	м	E	М	E	Μ	E	м	E	М	E	Μ	E		E	Total Session	We verified that all the filled sections are correct (Signature)
	Cut list strength of students																								

1. ਮੈਂ ਤਸਦੀਕ ਕਰਦਾ/ਕਰਦੀ ਹਾਂ ਕਿ ਭਰੀ ਹਾਜ਼ਰੀ ਬਿਲਕੁਲ ਠੀਕ ਹੈ । 2. ਸੁਪਰਵਾਈਜ਼ਰੀ ਸਟਾਫ਼ ਦੀ ਡਿਊਟੀ ਯੂਨੀਵਰਸਿਟੀ ਨਿਯਮਾਂ ਮੁਤਾਬਕ ਲਾਈ ਗਈ ਹੈ।

ਲੇਖਾ-ਸ਼ਾਖਾ Verified by: Forwarded by Exam Branch, JGND PSOU Chief coordinator/Principal Superintendent Coordinator ਕਲਰਕ ਅਕਾਉਂਟੈਂਟ Sign:.... Sign: Sign:\_ Sign: ਸੁਪਰਡੈਂਟ ਅ.ਰਜਿਸਟਰਾਰ Name:.... ਮਿਤੀ... Name: Name: Name: Designation:..... Date:.... Mobile No: Mobile No: Mobile No: Date: Date: Date:

\*\* ਇਸ Answer Sheet ਪਰਫੋਰਮੇ ਦੇ Format ਨੂੰ ਪ੍ਰੀਖਿਆ ਕੇਂਦਰ ਦੇ ਸੁਪਰਡੈਂਟ ਵਲੋਂ ਆਪਣੇ ਤਰੀਕੇ ਨਾਲ ਡਿਊਟੀ ਭਰਨ ਲਈ modify ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ।

**ਨੋਟ**:1. ਹਾਜ਼ਰੀ ਲਈ **P** ਲਗਾਓ। ਨਾ ਹਾਜ਼ਰ ਲਈ × ਲਗਾਓ।

# P-12

	Jagat	Guru Na	nak De		ab Stat		Universit	y, Patiala	
	- <b>J</b>					Year		<b>,</b>	
				Question	Paper Pe	erforma			
Sr. No.	Date	Session (M / E)	Time	Course Code	Paper ID	Details of	Question Pa	per Printed	Remarks
						Total	Used	Balance	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11 12									
12									
13									
15									
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32									
33									
<b>.</b>		Dy		Coorr	linator	Chief Coo	rdinator/	Obse	rver /
Superi	ntendent	Superinte Invigi	endent/		mator		cipal	Flying	

# PRINTING CELL

External Award List for Exam – Month...... Year...... Year.....

Center ID: Name of Centre: Programme: Course Name: Course Code: Academic Cycle: Type (Theory/Practical): Total Marks: 70

Sr. No	University Roll no	Name of Student	Answer Sheet No	External Marks

We have verified and cross checked total no of students for filling/uploading of external marks.

Signature of Evaluator/Examiner Name: Mobile No.:

Signature of Coordinator (Evaluation) Name: Mobile No.:

Date of Print:

JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA

1.	Exam Centre ID :
2	Evam Centre Name

(Examination: / )

Sr. No.	Particular		Date Exam		Date o		Date Exam		Date		No. of sessions	Rate	Amt
NO.			M	. (1) E	(2 M	<u>е)</u> Е	M	(S) E	Exam M	(N) E			
1	Strength of student	s (as per actual cut list)											
2	Centre Superintend	lent											
3	Deputy Superinten	dent											
ļ	Invigilator (one upt	o 30 students)											
5	Centre Clerk cum C	omputer Operator											
5	Other Staff:												
	(a) Daftri												
	(b) Waterman												
	(c) Sweeper												
	(d) Security/Chow	nkidar											
7	Refreshment to Sta	ff											
		Total											
	C) Stationary & Mis D) Payment to Chie E) Payment to Coor ਨੋਟ : ਉਕਤ ਮਾਣਭੱਤਿਆਂ	nt received from University: cellaneous Expenses f Coordinator/Principal	Rs: Rs Rs Rs			·					oer University r	ules)	
rified	by:											ਲੇਖਾ-ਸ਼	ਾਖਾ
	Superintendent	Coordinator		Chief coo	rdinator/Principa	al 🗌	Forwarded by	y Exam Brar	nch, JGND			-	
9	Sign:	Sign:	Sign:				PSOU						
I	Name:	Name:	Name:				Sign:				2222	? ?	?????????
I	Nobile No:	Mobile No:	Mobile	No:			Name:				222222	[?	].??????????
I	Date:	_ Date:	Date:				Designation:.				?	222	
			College	Stamp		.	Date:						

Bill Form for Evaluator for Theory Examinations (.....)

#### Center ID:

Name of Exam Centre:

Voucher No: \_\_\_\_\_ (To be filled by University)

Recei	ot of payment:-										
Sr. No	Name of Evaluator	Designation	Programme	Course Name	Course Code	Exam Date	Total Answer books Examined (Count)	Total Answer books Sequence Examined (from-to)	Rate	Total Remuneration	Signature of Evaluator
								1. 2.			
								1. 2.			
								1. 2.			

#### Sign. of Coordinator

Certifies That persons names in the bill were actually engaged in the theory answer books. Evaluation during the days noted against the name of each and he/she has worked satisfactory.

Chief Coordinator/Principal (with Seal)

Note: No Remuneration will be paid unless submission of hard copy of this bill form to the University. Payment will be directly Credit to account of Principal of College.

#### FOR OFFICIAL USE ONLY

Exam Branch (JGNDPSOU)	For Account	Department (JGNDPSOU)
Checked by	Remuneration Paid by me	Remuneration Rs
Sign Name		
DEO		Accountant
Verified by	Signature	Superintendent
Sign Name Sr. Asstt.	Name Designation	AR (Accounts)

Bill Form for Examiner for Practical Examinations (.....)

Center ID:

Name of Exam Centre:

Voucher No: \_\_\_\_\_

(To be filled by University)

Receip	t of payment:-									
Sr. No.	Name of Examiner	Designation	Programme	Course Name	Course Code	Exam Date	Total Students Examined	Rate (in Rs.)	Total Remuneration (in Rs.)	Signature of Internal/ External Examiner

Sign. of Coordinator

Certifies That persons names in the bill were actually engaged in the Conduct of practical. Examination during the days noted against the name of each and he/she has worked satisfactory.

Chief Coordinator/Principal (with Seal)

Note: No Remuneration will be paid unless submission of hard copy of this bill form to the University. Payment will be directly Credit to account of Principal of College.

#### FOR OFFICIAL USE ONLY

Exam Branch (JGNDPSOU)	For Account	Department (JGNDPSOU)
Checked by	Remuneration Paid by me	Remuneration Rs
Sign Name		
DEO		Accountant
Verified by	Signature	Superintendent
Sign Name	Name	
Sr. Asstt.	Designation	AR (Accounts)

#### JAGAT GURU NANAK DEV PUNJAB STATE OPEN UNIVERSITY, PATIALA



#### **Travelling Allowance Bill**

Bank Name	
Bank Name	

Account No
------------

PAN NO.....

IFSC CODE .....

Name (in block letters)..... Designation..... Grade Pay/Declared Income for Non Employees Purpose of Journey..... .....

For T.A. Purpose.....

Date of Meeting/Inspection/Exam.etc., (if any)..... Bill Register Page......Voucher No.....

Departure			Arrival		Mode of Distance Journey Mile					
Station	Date	Time	Station	Date	Time		К.М.	Rate	Rs.	Paise

1. Mode of Journey		2. Halting days@@.			
NOTE:- Deluxe/A.C.Bus/1 <sup>st</sup> Class Rail/Ai	r (Tickets attached)	3. Journey days@@			
(a) By Rail: ClassTicket No		4. Local Conveyance, if any			
(b) By Bus: (Ord./Deluxe/A.C.)		(Details on Separate Sheet)			
(c) Own Car/Staff Car/Taxi No					
(d) By Air: Ticket No		Total			
		_			
<b>Declaration</b> : Certificated that – (i) Particulars provided herewith are co	rract & that I have not	For use in Account Branch			
claimed T.A./D.A. etc. for this Journey f		Head of Account/Code No			
source	Tom any other public	Pay Rs. (in figures)(in words)			
(ii) I was not provided free lodging and/	or boarding at the cost				
of Govt./University or any autonomous	0	Clerk Asst	t. Supdt.		
(iii) I travelled in the class of accommod					
entitled.		For Audit Use			
(iv) I was present at the Duty point on t	he days for which the	Seen: (i) Sanction	(ii) T.A. Check Register		
D.A. has been claimed.		(iii) Attendance	(iv) Budget Register/Grant		
(v) The Mileage claimed is correct to the	e best of my knowledge	()	Register		
and information.					
(vi) Certificate for Payment at the Spot.		Pay Order			
		AUDIT DEPARTMENT			
Certified that I shall perform the return					
by the same m	ode as claimed in the	Preaudited & Passed for Rs			
T.A. bill.		Rupees			
0	*				
	Address		Audit Office		
			J.G.N.D.P.S.O.U		
Countersigned					
Received Payment	Affix Re.1. Revenue	Cheque No			
Controlling Officer	Stamp in amount	Date:			
controlling officer	exceeds Rs.5000/-				
Signature*		Pay Order verified			
-	n at both the places).				
(	,	Clerk/Asstt.			

#### Bill Form for Checking Assistant for Theory Examinations (March-2023)

Center ID:

Name of Exam Centre:

Voucher No: \_\_\_\_\_ (To be filled by University)

Receipt of payment:-							
Sr.No.	Name of Checking Assistant	Designation	Total Answer books Checked (Count)	Total Answer books Sequence Examined (from-to)	Rate	Total Remuneration	Signature of Checking Assistant
				1. 2.			
				1. 2.			
				1. 2.			

#### Sign. of Coordinator

Certifies That persons names in the bill were actually engaged in the answer books. Checking during the days noted against the name of each and he/she has worked satisfactory.

Chief Coordinator/Principal (with Seal)

Note: No Remuneration will be paid unless submission of hard copy of this bill form to the University. Payment will be directly Credit to account of Principal of College.

#### FOR OFFICIAL USE ONLY

Exam Branch (JGNDPSOU)	For Account Department (JGNDPSOU)			
Checked by	Remuneration Paid by me	Remuneration Rs		
Sign Name DEO				
Verified by	Signature	Accountant		
Sign Name	Name	Superintendent		
Sr. Asstt.	Designation	AR (Accounts)		