



SGT UNIVERSITY
SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSITY
 GURGAON, DELHI-NCR
 (Established by the Haryana Act No.8 of 2013)

**FORM FOR REPORTING CASE OF UNFAIR MEANS OR ACTS OF INTERFERENCE WITH THE
 PROPER CONDUCT OF UNIVERSITY EXAMINATION**

(To be filled in by the official detecting the case and to be forwarded by the Superintendent, after recording the statement of the candidate, to the Controller of Exams by name under a sealed cover, on the very day of the detection of the case, in the cloth Lined envelope supplied for this Purpose)

1. Name of Examination
2. Center of Examination
3. Subject. Paper Code
4. Date & exact time of detection Date
 Of the case under report Time
5. Name of the Candidate
6. Father's Name
7. Roll No
8. Permanent address of the candidate
9. Total No. of incriminating paper/mobile phone or any other electronic gadget recovered
- a) No. of printed papers
- b) No. of handwritten papers
- c) Torn book pages

Note :- The Detector should sign the recovered objectionable material.

1. The Material was recovered from the candidate under reference as indicated below.
 (Detector/Centre Supdt. Must tick mark the possession of incriminating material.) :-

- i) In candidate's hand
- ii) In candidate's pocket
- iii) In candidate's shoes or socksc
- iv) Under the clothes worn by the candidate
- v) On candidate's table/ desk
- vi) In candidate's answer book
- vii) Under candidate's question papers
- viii) Under his feet
- ix) Near his seat on the ground at a distance of
- x) Any other place
- xi) Torn of pages from the answer book

2. The candidate, Roll no was found giving/receiving help to /from
 candidate Roll no..... who was sitting just in front/behind/left or right of
 the candidate Roll no.....
3. Any other mode of use of unfair means :-

1.
 Signature of the Candidate (in case of his
 Refusal to do so, signature of another
 Member of the staff certifying this fact)

.....
 Signature of Detector.
 Name
 Designaion
 Date

Name of the Asstt. Supdt. On duty.
 Room No

Signature of Center Supdt.
 Name.....
 Center No