

HARYANA STAFF SELECTION COMMISSION

CENTRE SUPERINTENDENT REPORT

Centre Code: **1** Name of Post: **Dental Hygienist** Advt. No: **15/2019** Cat No: **1**

Exam Date: **16-07-2021** Time: **10:50 AM** Session: **Morning**

1. Total Nos. of Question Booklet/OMR Sheet supplied at the Centre: **8**
(i) Nos. of Booklets used: **7** (ii) Nos. of Original OMR Sheets collected: **7**
(iii) Nos. of Commission's copy OMR Sheets collected: **8**
(iv) Difference in (ii) and (iii), if any, specify with candidate Roll No.: **0**
2. Total Nos. of unused Booklet: **1**
(i) Nos. of unused booklets sealed in the packet: **1**
(ii) Difference, if any: **0**
3. No. of OMR Sheets left fully blank by the Candidates and crossed & signed by the invigilator & Countersigned by Centre Superintendent (Mention with candidate's Roll No.): **122455**
4. If Question booklet of any candidate changed or not (Mention with candidate's Roll No. and changed question booklet series):
5. Whether Rooms other than Examination Rooms were Locked: **Yes**
(i) No. of rooms locked: **5** (ii) No. of rooms used: **5**
6. Whether the Washrooms & Other Premises were checked: **Yes**
7. Attendance Sheet in respect of **78** candidates.
(i) Total No. of candidates appeared: **70** (ii) Nos. of candidates absent: **8**
(iii) Whether question paper of absentee candidate failed in separate room wise envelope: **Yes**
8. (i) No. of PWD/PHC Candidates appeared: **3**
(ii) Extra time to PWD/PHC Candidates given or not: **Yes**
(iii) Whether PWD/PHC Candidates were made to sit on Ground Floor: **No**
(iv) Original/Photostat ID proof of writer with two latest photograph: **Yes**
9. Reporting time of Police team at Exam Centre: **8:50 AM**
10. **QR Code Report**
 - a) Arrival time of team: **8:50 AM**
 - b) Number of Machines: **2**
 - c) Number of members in team: **2**
 - d) QR code checking starting time: **9:50 AM**
 - e) Team I-cards checked or not: **Yes**
 - f) Number of Candidates checked through QR Code: **23**

g) Number of mismatch cases (Roll No.):

3

11. **Biometric Report**

a) Arrival time of team:

8:50 AM

b) Number of Machines:

2

c) Number of members in team:

2

d) Bio-metric checking starting time:

7:50 AM

e) Team I-cards checked or not:

Yes

f) Device used for Bio-metric:

2

g) Bio-metric done for how many candidates:

2

12. **Videography Report**

a) Arrival time of team:

8:50 AM

b) Number of Video Cameras:

2

c) Number of members in team:

2

d) Videography starting time:

7:50 AM

e) Team I-cards checked or not:

Yes

f) Number of candidates Videographed:

2

g) Videography done at:

Entry : **Yes**

Opening of Paper : **Yes**

Closing of Paper : **Yes**

Question Paper Vehicle : **Yes**

13. **Frisking Report**

a) Arrival time of team:

7:50 AM

b) Number of members in team (Male/Female):

5

c) Frisking starting time:

8:50 AM

d) Team I-cards checked or not:

Yes

e) Number of candidates frisked:

250

f) Whether staff deployed at Centre was frisked:

Yes

14. **CCTV Report**

a) Arrival time of team:

7:50 AM

b) Number of Technical staff for CCTV installation:

1

c) Total no. of CCTV cameras installed:

25

d) CCTV installation location:

Entry : **Yes**

Exit : **Yes**

Each Exam Room : **Yes**

Centre Supdt. Room : **No**

Any other :

e) No. of CCTV cameras installed but dysfunctional (not worked):

24

f) Whether I-cards of Team checked:

Yes

15. **Jammer Report**

a) Arrival time of team:

8:50 AM

b) No. of Technical staff for Jammers:

1

c) Total no. of Jammers installed:

23

d) Whether Jammers installed in each room or not:

No

- e) Jammers not installed in how many rooms: **2**
- f) Number of Jammers installed but dysfunctional(not worked): **2**
- g) Whether I-cards of Team checked: **Yes**

16. Facial Scanning (if any)

- a) Arrival time of team: **7:50 AM**
- b) Number of members in team: **3**
- c) Number of Candidates Scanned: **32**
- d) Number of mismatch cases (Roll No.): **2**

- 17. Whether instructions were read over by Invigilator in the room: Yes**

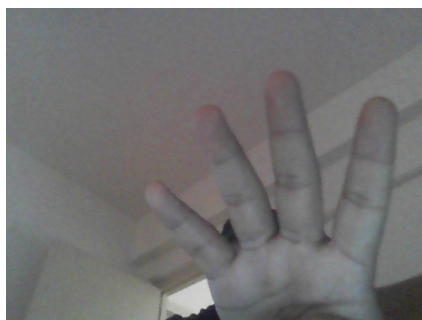
18. Sanitisation report

- a) Whether complete sanitization of centre done: **Yes**
- b) No. of sanitizer dispensers at entrance: **1**
- c) No. of Sanitizers kept in rooms: **23**
- d) No. of gloves distributed to staff on duty: **23**
- e) No. of masks distributed: **23**

Detail of any Malpractice/Error

- a) Incident (Detail):
- b) FIR /DOR registered (Detail):
- c) Any comment / suggestion: **HLO GOOD MORNING..... ALL SERVICES ARE GOOD**
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HSSC Representative



Signature

Name: **Nitin**

Designation: **AM**

Name of Parent **HSSC**

Department:

Date: **16-07-2021**

Centre Superintendent



Signature with Stamp

Name: **ABhilash**

Designation: **superintendent**

Date: **16-07-2021**