Exam Centre Consent form for Offline Exam

FOR Railway Police – Date of Examinations 3rd Oct 2021

*This Consent form should be filled up by the authorized person of the center / institute and all the details provided must be accurate and correct.*

NAME OF THE INSTITUTION / CENTER: (Block Letters) \_ \_ COMPLETE POSTAL ADDRESS: (Block Letters) \_

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STATE: \_ CITY: PIN CODE: \_ / \_/ / \_/ \_ / \_/ PROMINENT LANDMARK: \_

PHONE NUMBER (with STD Code): / MOBILE-1: /\_\_/ / /\_\_/ / /\_\_/ / /

MOBILE-2: \_\_/ / /\_\_/ / /\_\_/ / /\_\_/ : Email ID :-----------------------------------

NAME OF THE CHIEF SUPERINTENDENT (CS): DESIGNATION OF THE CS: \_

MOBILE NUMBER OF THE CS: \_ \_

Number of Rooms (as per seating capacity of @24) Total Number of candidates Allotted by Centre

Number of Ladies Washroom\_ Number of Gents Washroom\_ \_ Is washroom Clean? Number of Watercooler for Drinking Water \_ \_ DG Available Invigilator Ratio is 1:24 Yes / No Total Invigilator Frisking Separate Covered Area for FemaleFrisking Yes / No \_ \_

**Strong Room**/Mobile/Baggage Collection & Distribution to be Managed by

School with Token/Sticker System (Yes / No) \_ Distance Between 2 Candidates should be 3 Feet and More \_ \_

CS Name \_ CS Signature \_

Date \_ \_ Center Seal :

**SEAT MATRIX** (classroom capacity should be in multiples of 24 only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N** | **Building or Block** | **Floor** | **Classroom Number** | **Classroom Capacity** |
| **Example** | Block A | Ground | 001 | 24 |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
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| **30** |  |  |  |  |
| **TOTAL** |  |  |