



WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION
VIDYASAGAR BHAVAN
9/2, BLOCK-DJ, SECTOR-II, SALLAKE
KOLKATA-700091

No. L/PR/19/2019

Date : 14/02/2019

From : -
Dr. Mahua Das
President
W.B. Council of H.S. Education

To
Venue Supervisor

TO ALL VENUE SUPERVISORS
Confidential & Urgent

Dear Sir,

Please accept my heartfelt gratitude and thanks for your dedicated service towards a safe and secured examination during the preceding years in your venue, in the capacity of Venue Supervisor.

This year too the undersigned seeks your valued co-operation and support to ensure a very peaceful Higher Secondary Examination – 2019. The Council has taken some security measures, in this respect to empower your authority to act more successfully to restrict the Mobile Phones or any other so called unwanted incident, you feel you should duly report to the Council (Complaint Format enclosed).

SECURITY MEASURES :

- A. An Examination Security format to be used when you see the restriction regarding usage of your school Cell Phones is being fringed by any staff or any other person concerned inside the venue, during Examination hours.
- B. A special govt. nominee will be present at your venue to assist you keeping a vigil on the confidentiality of question papers.
- C. As per rule students not to be allowed to leave the Exam (Hall) for toilet purpose within 1 (One) hr. (up to 11 a.m.) to be instructed to all invigilators.
- D. Mobile phone checking is to be carried out at the main gate of the venues by the Council nominees with the devices given by the Council before the examination. If necessary the checking can also be carried out in the examination hall before the official starting of the examination.



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SPECIMEN OF FORMAT – A

- a) It has been noted that name of the person / persons/ designation, has/have been using the Cell Phones :

Inside the venue during Examination Hours instead to repeated warning.

Person / Designation

- i) _____
ii) _____
iii) _____
iv) _____

- b) An untoward incident has taken place in the school reported for necessary action. Nature of incident in the space below :

Name

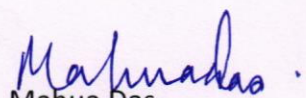
Date & Time

Signature of the Venue Supervisor _____ Ph. No. _____

School Name with Code _____

Note : (This format will be used by the venue supervisor only against staff/concerned persons of the school violating the Rules of Council on and from 26/02/2019 to 13/03/2019)

For detailed Report Council control Room – E-mail ID : dsexamination@wbchse.org.in


Dr. Mahua Das
President

W.B. Council of H.S. Education

TO BE USED FOR SENDING H.S. EXAMINATION, 2019 QUESTION PAPERS FROM THE DESK OF THE VENUE SUPERVISOR TO THE INVIGILATORS OF RESPECTIVE EXAMINATION ROOM / HALL.

CENTRE :

EXAMINATION DATE :

VENUE CODE :

VENUE NAME :

EXAMINATION ROOM / HALL NO.	NAME OF THE INVIGILATOR	QUESTION PAPERS DISTRIBUTED TO EXAM. ROOM / HALL :		SIGNATURE OF THE INVIGILATOR WITH DATE
		NAME OF THE SUBJECTS WITH NO. OF COPIES OF Q.P.	SERIAL NO. OF THE ENVELOPE(S)	

N.B. : INVIGILATORS ARE INSTRUCTED TO OPEN THE ENVELOPE AT EXAM. ROOM / HALL ONLY AND NOT BEFORE 10.00 A.M.

* The list of day to day records may be preserved by the Venue Supervisor for future reference, if any.

FROM : WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION
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 Signature of the Venue Supervisor