



स्वायत्तशासी शैक्षिक संस्था
AN AUTONOMOUS EDUCATIONAL ORGANIZATION

परीक्षा नियमावली
EXAMINATION BYELAWS

AN ISO 9001: 2015 CERTIFIED VIDHYAPEETH
WEBSITE: WWW.SSVIDHYAPEETH.ORG



संलग्नक Annexure-2

उत्तर-पुस्तिकायें अग्रेषित करते समय उपयोग की जाने वाली मुद्रा / मोहर की
छाप हेतु प्रारूप

PROFORMA FOR
IMPRESSION OF SEAL USED WHILE FOR WARDING ANSWER BOOKS
(Middle /Secondary/Sr. Secondary Examination)

- 1.Exam. Centre Name :
- 2.Exam. Centre Code :
- 3.Exam. Centre Address:
- 4.Name of Centre Suprintendent :
- 5.Signature of Centre Suprintendent :

Note: Change in seal, if any , should be intimated immediately to the Swami Satyanand Vidhyapeeth office.



संलग्नक Annexure-3

अप्रयुक्त एवं प्रयुक्त उत्तर-पुस्तिकाओं के विवरण हेतु प्रारूप

PROFORMA FOR STATEMENT OF UN-USED AND USED ANSWER BOOKS

1.Exam. Centre Name _____

2.Exam. Centre Code 3. Year

4.Exam. Centre Address

5. Number of Blank Answer Books received

6. Serial No. from To

7.Date-wise status of Un-used Answer Books– Middle [] Secondary []
Sr. Secondary []

[illegible]

Prepared By

Checked by

Signature of Centre Supdt. With seal



संलग्नक Annexure-4

अनुपस्थिति विवरण हेतु प्रारूप

PROFORMA FOR ABSENTEE STATEMENT

(Middle [] Secondary [] Sr. Secondary [] Examination)

1.Name of Exam. Centre _____

2.Exam. Centre Code _____ 3. Date _____

4.Details of Full Absentee's Roll No. (s)

.....

5.Details of Partly Absentee Cases

SR.No.	Roll No. (S)	Subject(S)

6.Details of Unfair Means Case

SR.No.	Roll No. (S)	Subject(S)

7.Details of Transfer Case Appeared

SR.No.	Roll No. (S)	Subject(S)	Transfer from Centre No.	
			Which	To

8.Details of Changed Subject by the Candidates

SR.No.	Roll No. (S)	Subject(S)	
		From.....	To

Signature of OSD of
Swami Satyanand Vidhyapeeth

Signature of Centre Superintendent
(with seal)

Note : This may please be returned to the Swami Satyanand Vidhyapeeth Office after the Examination is over along with the Attendance Sheets, (duly attested by the Centre Incharge)
This should be prepared separately for Middle ,Secondary and Senior Secondary examinations.

Signature of Centre Suprintendent
(with seal)



PROFORMA FOR

(Middle ☐ Secondary ☐ Sr. Secondary ☐ Examination)

5.Registered insured parcel has been dispatched

Signature of Centre Suprintendent
(with seal)



1.Exam. Centre Code _____

2.Exam. Centre Name _____

3.Exam. Centre Address _____

4 .Year _____

[illegible]

Signature of Centre Suprintendent
(with seal)



संलग्नक Annexure-8

पूरक उत्तर-पुस्तिकाओं हेतु प्रारूप

PROFORMA FOR

SUPPLEMENTARY ANSWER BOOKS

(Middle [] Secondary [] Sr. Secondary [] Examination)

1.Exam. Centre Code _____

2.Exam. Centre Name _____

3. Exam. Centre Address _____

4.Year _____

5.Subject _____ Date _____

SR.No.	Roll No.	Candidate's Name	Serial No. of Answer Book	Signature of the candidate

Prepared By

Checked By

Signature of Centre Suprintendent
(with seal)



संलग्नक Annexure-9

प्रथम सूचना रिपोर्ट पंजीकृत कराने हेतु प्रारूप

**PROFORMA FOR
APPLICATION TO LODGE F.I.R.**

To,
The Station House Officer
.....
.....

Ref. No.....
Date

**Subject : Use of Unfair means (UFM) in the Examination of Swami Satyanand
Vidhyapeeth**

Dear Sir,

_____ (Name) Roll No. _____ is
appearing at the Middle [] Secondary [] Sr. Secondary [] Examination of
Swami Satyanand Vidhyapeeth
Examination being held in our Centre. Today the (Day) _____
(Date) _____ in Subject _____

This candidate has resorted to use of Unfair Means by:
misbehaving with the Invigilator/ Undersigned:
tearing off the answer-book and running away from the Centre:
not depositing the answer-book and ran away with the answer book:
allowing the other person to take examination in his place.(Impersonation):

You are requested to look into the matter and take necessary action as per the law
of the land.

Your's faithfully

OTHER PARTICULARS OF THE
CANDIDATE ARE :

Signature of Centre Suprintendent
(with seal)

Name:

S/o,D/O,W/O

Address:

Exam. Centre No.....



संलग्नक Annexure-10

अनुसूचित साधनों वाद हेतु प्रारूप

PROFORMA FOR UFM CASES

(Middle [] Secondary [] Sr. Secondary [])

- 1.Exam.Centre Code2.Exam. Centre Name
- 3.Roll No.....4.Name of Candidate
- 5.Subject.....
- 6.Date and Time of incidentDate.....Time.....
- 7.Mode of Unfair means used in examination and circumstances in which caught.
.....
- 8.Type of copying material found from the candidate i.e. help book, loose printed/
hand written sheets. No. of pages/loose sheets found should also be indicated.
.....
- 9.Place from where copying material recovered , e.g. pant pocket, shirt pocket,
beneath desk or in the answer book, inside shoes/socks etc.
- 10.Any other information

Sign. Of the
Candidate

Sign. Of Member
of Flying Squad

Sign. Of Member
of Flying Squad

Witness of
Centre Superintendent /
Incharge/Observer
Invigilators Signature

Important

1. Please make the report in duplicate, one copy be attached with the answer book of the candidate and the other copy be sent to Dy. Secretary (Exams)/ Secretary the same day for necessary action.
2. If the candidate is caught copying, please encircle the portion copied in the Answer Book as well as in the copying material and mention its page no. on top of the answer book and the copying material.
3. The 2nd Answer sheet should be issued to the candidate immediately and the candidate should not be debarred from taking the future examinations. If the candidate refuses to accept the 2nd copy please write down this fact in para 7 above and on the cover page of the first Answer Book of the candidate.
4. The Head/Member of Flying Squad/Centre Superintendent should record the Roll No. of the candidate on the material recovered and sign it after numbering it.
5. The Head Member of Flying Squad should record on the Answer Book the fact and brief details of the UFM case.



संलग्नक Annexure-11

अनुसूचित साधनों के परिवादों को अग्रेषित करने हेतु प्रारूप

**PROFORMA FOR
FORWARDING UNFAIR MEANS CASES**
(Middle [] Secondary [] Sr. Secondary [])

1. Name of Candidate
2. Roll No.
3. Exam. Middle [] Secondary [] Sr. Secondary []
4. Date
5. Subject & Paper
6. Time of the Incident
7. Circumstances under which caught
8. Unfair means material recovered
9. Whether Statement
Received from the candidate Yes/No.....
10. Whether Second copy of
Answer Book was given Yes/No.....
11. Was statement of
Invigilator obtained Yes/No.....
12. Remarks of Centre Incharge:
.....
.....
13. Exam Centre Code
14. Exam Centre Name with address

Enclosures:

1. First/Second Copies of Answer Book ½ Copies _____
2. Statement of Candidate Enclosed/Not enclosed _____
3. Statement of Invigilator Enclosed /Not enclosed _____
4. Unfair aids/materials recovered Page _____
5. Filled up Proforma of UFM case as per Annexure –10
(Note : Please use separate proforma for each case)

Sig. of Centre Incharge

Signature of Centre Supdt. with seal



PROFORMA FOR

1.Exam. Centre Code 2.Year

3.Exam. Centre name with Address

4.Middle [] Secondary [] Sr. Secondary [] Examination

Notes:

1. If your Centre was having candidates for Middle, Secondary & Sr. Secondary, separate sheets may be prepared for each.
2. Two copies may be prepared one may be sent to the Swami Satyanand Vidhyapeeth Office and the other may be retained by the Centre incharge.

Prepared By

Checked By

Signature of Centre Supdt.with seal



Exam Centre Bill Proforma – I

परीक्षा केन्द्र शुल्क हेतु समेकित बिल
CONSOLIDATED BILL FOR EXAM CENTRE CHARGES
(TO BE FILLED IN BY CENTRE SUPRINTENDENT)

- 1.ExminationExam Centre No.....
- 2.Name (in capital letters) & Address of the Centre Suprintendent.....
.....
- 3.Designation of Centre Supdt
- 4.Permanent address of Centre Suprintendent for correspondence after the
conduct of the Examination
.....
.....
- 5.No. of Students registered for Examination
- 6.Details of claim for exam centre charge :-

Particular	Amount /Rs.
(A) Remuneration of Centre Suprintendent (Bill Proforma-II)	_____
(B) Remuneration of Dy. Suprintendent (Bill Proforma-III)	_____
(C) Remuneration of Invigilators (Bill Proforma-IV)	_____

Total = _____
Less Advance = _____
Net amount claimed= _____

(Signature of Centre Suprintendent with Seal)

(FOR USE IN THE VIDHYAPEETH OFFICE)

Total Bill Claimed = _____ Less : Advanced Paid _____
Less : Deduction (if any) _____ Net amount payable Rs. _____ to
Sh. _____

Accounts Officer



Exam Centre Bill Proforma –II

केन्द्र अधीक्षक हेतु परिश्रामिक बिल

REMUNERATION BILL FOR EXAM CENTRE SUPRINTENDENT

1. Name of the Examination (Please Tick) : Middle [] Secondary []
Sr. Secondary []

2. No. & Name of the Examination Centre : _____

3. Remuneration for working as Supdt of Vidhyapeeth Examination for ____ days(s)

@Rs. 1000/-per session .

Rs. _____

4. Details of Duty during Examinations

SR.No.	Date of Examination	Subject & paper	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature of the Centre Suprintendent
Name (in block Letter)

Date _____

Postal Address _____

(For Swami Satya



Office use)

Exam Centre Bill Proforma –III

उप केन्द्र अधाक्षक हतु पारश्रामेक बिल

REMUNERATION BILL FOR DY CENTRE SUPRINTENDENT

1. Name of the Examination (Please Tick) : Middle [] Secondary []
Sr. Secondary []

2. No. & Name of the Examination Centre : _____

3. Remuneration for working as Supdt of Swami Satyanand Vidhyapeeth
Examination for ____ days(s)

@Rs. 900/-per session .

Rs. _____

4. Details of Duty during Examinations

SR.No.	Date of Examination	Subject & paper	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Signature of the Centre Suprintendent
Name (in block Letter)

Date _____

Postal Address _____

(For Swami Satyanand Vidhyapeeth Office use)



Exam Centre Bill Proforma-IV

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पर्यवेक्षक हेतु परिश्रमिक बिल
REMUNERATION BILL FOR INVIGILATOR'S (Part -A)
(Middle /Secondary/Sr. Secondary)

- 1.Name of the Examination: _____
2. Name of the Exam. Centre : _____
- 3.Address of Exam. Centre : _____
- 4.Exam. Centre Code : _____

(To be filled up by Centre Suprintendent)

SR.No.	Name of the Invigilator	Date of Duty	No. of Days	Amount Paid @ Rs. 500 /- (per day)	Signatures Invigilator
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Total amount paid _____

Signature of the Centre Suprintendent
with Office Seal



Exam Centre Bill Proforma-IV

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पर्यवेक्षक हेतु परिश्रमिक बिल

REMUNERATION BILL FOR INVIGILATOR'S (Part -A)

(Middle /Secondary/Sr. Secondary)

(PLEASE FILL UP THE DETAILS PRINTED OVERLEAF)

Date	No of Student	No of Invigilators	No. of Rooms	Subject	Remarks

Signature of the Centre Suprintendent
(with office seal)



Exam Centre Bill Proforma-IV

परिक्षक हेतु परिश्रमिक बिल

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REMUNERATION BILL FOR EXAMINER (Part-B)

(Middle /Secondary/Sr. Secondary)

1.Name of the Examination: _____

2. Name of the Exam. Centre : _____

3.Address of Exam. Centre : _____

4.Exam. Centre Code : _____

(To be filled up by Centre Suprintendent)

SR.No.	Name of the Examiner	Date of Duty	No. of Days	Amount Paid @ Rs. 500 /- (per day)	Signature's Examiner
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Total amount paid _____

Signature of the Centre Suprintendent
(Office Seal)



Exam Centre Bill Proforma-IV

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परिक्षक हेतु परिश्रमिक बिल

REMUNERATION BILL FOR EXAMINER (Part -B)

(Middle /Secondary/Sr. Secondary)

(PLEASE FILL UP THE DETAILS PRINTED OVERLEAF)

Date	No of Student	No of Examiner	No. of Rooms	Subject	Remarks

Signature of the Centre Suprintendent

(with office seal)



Exam Centre Bill Proforma –v

लिपिक एवं चतुर्थ श्रेणी कर्मचारियों हेतु बिल
BILL FOR CLERICAL AND CLASS-IV, STAFF
(TO BE FILLED UP BY CENTRE SUPRINTENDENT)

1.Name of the Examination: _____

2. Name of the Exam. Centre : _____

3.Address of Exam. Centre : _____

4.Exam. Centre Code : _____

SR.No.	Name of the Staff Deployed	Designation	No. of Days	Rate @	Amount	Signature
	Clerical Staff			Rs. 350/- Session		
1						
2						
3						
4						
	Class IV Staff Peon/Sweeper/ Waterman			Rs. 100/- Session		
1						
2						
3						
4						

Signature of the Centre Suprintendent
(with office Seal)



Exam Centre Bill Proforma –VI

बैठक व्याख्या और फर्नीचर शुल्क हेतु बिल
BILL FOR SEATING ARRANGEMENT AND FURNITURE CHARGES

1.Name of the Examination: _____

2. Name of the Exam. Centre : _____

3.Address of Exam. Centre : _____

4.Exam. Centre Code : _____

5.Name of Centre Incharge : _____

Date /Month of the Examination						
No. of candidates Registered each day						
Grand Total						

Total Amount Claimed

(i)Seating arrangement charges for total _____Candidates (registered)

Amount claimed = No of candidates _____x Rs. 2.50 = Rs. _____

(ii) Furniture charges

Amount claimed = No of candidates _____x Rs. 30.00 = Rs. _____

Grand Total := Rs. ____

Signature of the Centre Suprintendent
(with Seal)



Exam Centre Bill Proforma-VII

आकस्मिक शुल्क हेतु बिल
BILL FOR CONTINGENT CHARGES

1. Exam. Centre Code
2. Name of Exam. Centre.....
3. Name of the Centre Incharge.
4. No. of candidates allotted.....
5. Name of the examination
6. Contingent charges @ Rs. 5.00 x (No. of students allotted) = Rs.....
7. Cost of packing cloth purchased vide cash memo Rs.....
(Cash memo No. _____ dt _____ from _____)
8. For depositing and returning answer sheets from the examination centre to the post office @ 500/-

Total Amount Rs. _____

Certified that the amount claimed above was actually spent for the purpose given against each and that the articles purchased have been consumed wholly/partly in connection with the conduct of the examination and the balance (if any) is shown herewith. (Kindly see instructions below)

Signature of the Centre Superintendent
(Office Seal)

INSTRUCTIONS

Centre Superintendent are authorized to purchase petty articles like, ordinary and cloth lined envelopes, sutli, match box, candle, plastic ropes, thread balls, tags, needle, sealing wax, cello tapes, Gum, Pencils, Wrapping Paper, Parcel ink and other dispatch material etc for which contingent charges @ Rs. 5.00 per student allotted will be paid as lump sum charges, subject to a minimum of Rs. 500 per Centre. Examination Centre having Middle, Secondary and Senior Secondary students will be treated as one Centre only.



Exam Centre Bill Proforma-VIII

परिवहन और परिश्रमिक दावा करने हेतु बिल
BILL FOR CLAIMING 'CONVEYANCE AND REMUNERATION'

for the deposition of Answer Books/Return of Stationery

1. Exam. Centre Code
2. Name of the Centre Superintendent
3. Conveyance Charges for Collection of Question Papers from the Authorised Institution

(i) Remuneration for _____ day(s) @ Rs. 100/- per day= Rs_____

(ii) Conveyance charges for _____ day(s) @ Rs. 100 per day=Rs_____ (for onward journey)

(iii) Conveyance charges for _____ day(s) for return journey from Institution to Exam centre:- = Rs_____

Sub Total amount = Rs_____

4. Conveyance charges Postage Charge for the deposition of Answer Books /Return of Stationery:

(i) Auto charges (actual) for from Exam. Centre to depositing center /post office = Rs._____

(ii) Auto/ bus charges for return Journey for _____ days (s)=Rs_____

Sub Total amount =Rs_____

5. Net amount claimed towards Conveyance postage charges =Rs._____

Signature of Centre Incharge with Office Seal