



Form No. 2

KERALA DEVASWOM RECRUITMENT BOARD

Plan of Seating Arrangement

Centre Code No.

Category No.

Name of the Centre :

Name of the Examination :

Name of the Asst. Superintendent :

Room No.

Note : All details to be furnished without fail. Absentees should be marked and Register Numbers rounded off in red ink.

Sl. No.	Reg. No.	Question Booklet Alphacode	Sl. No.	Reg. No.	Question Booklet Alphacode	Sl. No.	Reg. No.	Question Booklet Alphacode	Sl. No.	Reg. No.	Question Booklet Alphacode
1			2			20			19		
4			3			17			18		
5			6			16			15		
8			7			13			14		
9			10			12			11		

Date :

Signature of Assistant Superintendent

Countersigned :

Signature of Chief Superintendent

Date :



Form No. 3

OMR SHEET ACCOUNT

Name of Test :

Centre No. :

Name of Post :

Date of Test :

Certified that I have opened the sealed packet containing OMR answer sheets and verified the contents before distribution to candidates. Also certified that the other details noted below are correct.

To be filled up before the Examination				To be filled up after the Examination				
Room No.	OMR Packet Sl.No.	No. of OMR Sheets	Shortage/ Damaged/ Excess, if any	No. of Candidates present	No. of unused OMR sheet	No. of balance Question Paper	Name of asst/Supdt/ Invigilator	Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

No. of Candidates Admitted :

No. of OMR Sheets Received :

Verified and found Correct

No. of OMR Sheets Used :

No. of OMR Sheets returned :

CHIEF SUPERINTENDENT

(Office Seal)

Form No. 4

KERALA DEVASWOM RECRUITMENT BOARD

CONTENTS CARD

Centre No.

Type of Test

Date of Test

Name of Test :

1. Name of Centre :
2. No of candidates admitted as per address List:
3. Additional admissions, if any :
4. No. of candidates present :
5. No. of candidates absent
6. No. of identification Certificates forwarded :
7. No. of Answer Scripts forwarded :
(In the case of Descriptive Type Test)

OR

- No. of OMR Sheets (Part A) forwarded :
- No. of OMR Sheets (Part B) forwarded :
(In the case of OMR Test)

Signature
Additional Chief Superintendent
Name and Designation

Signature
Chief Superintendent
Name and Designation

(Office Seal)

Form No.5

KERALA DEVASWOM RECRUITMENT BOARD

Centre No.

Category No.

1. Name of Examination :
2. Date of Examination :
3. Name of Centre :
4. Name and address of Chief Superintendent :
5. Name of Treasury from which pay and allowances are drawn :

Sl. No.	Name & Designation	Nature of Duty	Rate	Amount	Signature
(1)	(2)	(3)	(4)	(5)	(6)
Total (in words) Rupees					

Date

Signature of Chief Superintendent

(Office Seal)

Form No.6

KERALA DEVASWOM RECRUITMENT BOARD

Centre No.

Category No.

VOUCHER

Received from the Chief Superintendent, Departmental/Selective test for
(here enter the name of test) held at (here enter the
name of Centre) the sum of Rs..... (Rupees.....
..... Only) towards charges due to me for
(here enter the nature of service rendered) in connection with test held on
.....

Signature

Name and Address of Payee

Place :

Date :

Admitted and Paid Rs.....

Signature (with date) of Chief Superintendent :

Name and Address of Chief Superintendent :

(Office Seal)



Form No. 7

**KERALA DEVASWOM RECRUITMENT BOARD
ATTENDANCE CERTIFICATE**

Certified that Sri./Smt.
..... (Name
and address of the candidate) appeared for the Written Examination conducted by the Kerala Devaswom
Recruitment Board for selection to the post of
..... in
..... Department on at
..... (Name of the Centre
of Written Examination to be specified).

Place :
Date :

Signature, Name and Designation
of the Chief Superintendent

(Office Seal)