

(Only for Departmental Examination)

(To be filled and returned to TNPSC)

(Descriptive Type of Examination)

Name of the Examination : Departmental Examination May / December 20_____

Centre Name : Centre Code _____

Date of Examination : Venue Number }
and Name }

DESCRIPTIVE TYPE - QUESTION PAPER ACCOUNT

S.No.	Name of the Test (in brief)	Question Code	Time of opening of Question Paper Packet	Total No. of Question Papers Received	Total No. of Question Papers issued	Balance No. of Question Paper
				5* = _____ 10* = _____ Total _____		
				5* = _____ 10* = _____ Total _____		
				5* = _____ 10* = _____ Total _____		
				5* = _____ 10* = _____ Total _____		
				5* = _____ 10* = _____ Total _____		

CERTIFICATE

1. Certified that the seals of all the Question Paper covers have not been tampered.
2. Certified that all the wrappers of Question Papers have been destroyed in my presence after the Examination is / are over.
3. Certified that all the balance Question Papers have been handed over to the District Library / District Employment Office.

Signature of the Invigilators:

1.

(Name in Block Letter)

2.

(Name in Block Letter)

Signature of the TNPSC Staff

(if available)

Signature of the Chief Invigilator

(Name in Block letters with designation & Address)

(Only for Departmental Examination)

(To be filled and returned to TNPSC)

(Objective Type of Examination)

Name of the Examination : Departmental Examination May / December 20_____

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OBJECTIVE TYPE - QUESTION PAPER ACCOUNT

S.No.	Name of the Test (in brief)	Question Code	Time of opening of Question Paper Packet	Total No. of Question Papers Received	Total No. of Question Papers issued	Balance No. of Question Paper
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