

TAMILNADU PUBLIC SERVICE COMMISSION

FORM-6

To be filled and RETURNED to TNPSC

Name of the Examination :
Centre Name :
Date of Examination :

Venue Number }
and Name }
Session: FN/AN

SKETCH OF EXAMINATION ROOM (Room No.....)

INVIGILATOR

R.No.

R.No.

R.No.

R.No.

R.No.

R.No.

R.No.

R.No.

R.No.

R.No.

Total no of Candidates allotted :

Present:

Absent:

Change of subject, if any,
to specifically be mentioned :

Signature of the Invigilator
(Name in block letter with designation)

Signature of the Chief Invigilator
(Name in Block letters with
designation and address)

- Note:-
1. To be furnished for each room.
 2. Absentees should be marked as "ABSENT" in red ink.
 3. R.No. – Register Number of the Candidate..
 4. I have personally verified and hereby certify that
Question Booklet numbers are not repeated.

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