



# ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

*In Duplicate: College & University Copy*

## SUMMARY REPORT FOR UNIVERSITY (THEORY/ PRACTICAL/ CLINICAL) REGULAR/ BACK/ SUPPLEMENTARY EXAMINATION (S): 2023-2024

NAME OF CENTRE: \_\_\_\_\_ CODE \_\_\_\_\_

COURSE: \_\_\_\_\_ SPECIALITY; IF ANY \_\_\_\_\_ SUBJECT CODE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF EXAMINATION \_\_\_\_\_ DATE OF EXAMINATION: \_\_\_\_\_ SITTING: \_\_\_\_\_

Sl	Course (s)	Specialty; if any	Subject Code	Subject Name	No of Student registered	No of Student present	No of Student Absent	MP	Total AB	Total No of Unused AB	Packet/ Box No
1											
2											
3											
4											
5											
GT											

NB: As per sitting of the Day of Examination.

*Certified that I/ We have conducted the examination of registered students for the examination and submitting herewith the used, and absentee's answer books, and no answer book (used/ absent) of the day is lying with us.*

Total No of Packets with no of AB: \_\_\_\_\_

Total No of Packets (Absent/ Wastage) with number of AB: \_\_\_\_\_

Grand Total \_\_\_\_\_

Date:

Signature of Centre Superintendent  
with seal

Signature of Observer/ Flying/ Vigilance Squad if any on the Sitting of  
Examination

Centre Superintendent with seal