

# University of Mumbai



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## Template for Examination Audit – Winter 2026 Examination

### (Examinations Centre Inspection through Lead-Cluster organization)

#### PART I

##### Purpose:

To physically assess the preparedness of the examination centre with respect to infrastructure, security, examination arrangements, manpower, technology, student facilities, safety and compliance with university examination requirements.

#### A. GENERAL INFORMATION

| Sr. No. | Particulars                              | Details |
|---------|------------------------------------------|---------|
| 1       | Name of Examination Centre               |         |
| 2       | College Code                             |         |
| 3       | Examination Centre Code                  |         |
| 4       | Name of Principal / Chief Conductor      |         |
| 5       | Mobile Number                            |         |
| 6       | Email ID                                 |         |
| 7       | Lead College no and name                 |         |
| 8       | Lead College Principal                   |         |
| 9       | Programmes/ Examinations to be conducted |         |
| 10      | Approx. Student Capacity per Session     |         |
| 11      | Number of Examination Rooms              |         |
| 12      | Teacher information filled?              | Yes/ No |
| 13      | JCC recommendation form filled?          | Yes/ No |
| 14      | Squad recommendation form filled?        | Yes/ No |

#### Inspection Team

| Sr. No. | Name | Designation | Institution | Signature |
|---------|------|-------------|-------------|-----------|
| 1       |      |             |             |           |
| 2       |      |             |             |           |
| 3       |      |             |             |           |

#### B. RATING SYSTEM

Each parameter shall be assessed as follows:

| Code | Assessment              | Meaning                                            |
|------|-------------------------|----------------------------------------------------|
| 4    | Fully Compliant         | Requirement fully available and functional         |
| 3    | Substantially Compliant | Minor deficiency                                   |
| 2    | Partially Compliant     | Significant deficiency requiring corrective action |
| 1    | Non-Compliant           | Requirement absent/seriously deficient             |

|                          |                            |
|--------------------------|----------------------------|
| <b>Code Assessment</b>   | <b>Meaning</b>             |
| <b>NA</b> Not Applicable | Requirement not applicable |

### Deficiency Classification

**C – Critical:** Immediate action required before examination

**M – Major:** Must be rectified before examination

**m – Minor:** Improvement/corrective action required

### C. PHYSICAL INFRASTRUCTURE

| Code | Audit Parameter                         | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|-----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| C1   | Adequate number of examination rooms    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C2   | Adequate seating capacity               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C3   | Examination rooms clean and maintained  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C4   | Adequate lighting                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C5   | Adequate ventilation                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C6   | Fans/AC functional                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C7   | Desks/benches in good condition         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C8   | Doors/windows functional                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C9   | Adequate space for invigilator movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C10  | Chief Conductor/Control Room available  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| C11  | Secure storage room available           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

### D. SEATING & EXAMINATION HALL ARRANGEMENT

| Code | Audit Parameter                                      | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| D1   | Seating arrangement can accommodate 1.5 times intake | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| D2   | Adequate spacing between candidates                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| D3   | Room numbers clearly displayed                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| D4   | Seating plan can be displayed                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| D5   | Wall clock available and functional                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| D6   | Adequate examination hall supervision possible       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

### E. CCTV & SECURITY FOR EXAM HALLS

**This section should be treated as a Critical Compliance Area.**

| Code | Audit Parameter                            | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| E1   | CCTV installed                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E2   | Examination rooms covered by CCTV          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E3   | Entry/exit areas covered                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E4   | CCTV cameras functional                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E5   | Recording facility available               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E6   | Adequate storage/retention facility        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E7   | Date and time correctly configured         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E8   | CCTV monitoring facility available         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E9   | Power backup for CCTV                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| E10  | CCTV footage retrieval mechanism available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

**F. QUESTION PAPER SECURITY- CONTROL ROOM**

| Code | Audit Parameter                                          | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| F1   | Control room identified                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F2   | Restricted access to Control room                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F3   | Control locking arrangement                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F4   | CCTV coverage of entire Control room                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F5   | 3-month CCTV footage retrieval mechanism available       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F6   | Authorized personnel identified                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F7   | Question-paper handling procedure available              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| F8   | Confidential material security arrangements satisfactory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

**Note:** Inspection teams should verify the security arrangements without accessing, opening or recording confidential examination material.

**G. IT & COMMUNICATION for CONTROL ROOM**

**Note:** Inspection teams should verify this section parameters with respect to the MSS section circular given in annex-I

| Code | Parameter                                           | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| G1   | Computer available as per university specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G2   | Printer available and functional                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G3   | Internet connectivity available                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G4   | Webcam is installed and connected to computer       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G5   | Data card/ dongle available as per circular         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G6   | Official email accessible                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G7   | Power backup available                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G8   | IT support identified                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G9   | Emergency communication facility available          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| G10  | Xerox machine installed in control room             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

**H. HUMAN RESOURCES**

| Category | Required | Available | Deficit | Remarks |
|----------|----------|-----------|---------|---------|
|----------|----------|-----------|---------|---------|

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| Assistant/Deputy/ COE |  |  |  |  |
|-----------------------|--|--|--|--|

|              |  |  |  |  |
|--------------|--|--|--|--|
| Invigilators |  |  |  |  |
|--------------|--|--|--|--|

|                |  |  |  |  |
|----------------|--|--|--|--|
| Clerical Staff |  |  |  |  |
|----------------|--|--|--|--|

|               |  |  |  |  |
|---------------|--|--|--|--|
| Support Staff |  |  |  |  |
|---------------|--|--|--|--|

|                    |  |  |  |  |
|--------------------|--|--|--|--|
| Security Personnel |  |  |  |  |
|--------------------|--|--|--|--|

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| IT/Technical Support |  |  |  |  |
|----------------------|--|--|--|--|

|       |  |  |  |  |
|-------|--|--|--|--|
| Other |  |  |  |  |
|-------|--|--|--|--|

**Staff Preparedness**

| Parameter                             | Yes                      | No                       | Remarks |
|---------------------------------------|--------------------------|--------------------------|---------|
| Duties allocated                      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Staff list prepared                   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Invigilator allocation prepared       | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Staff contact list available          | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Examination instructions communicated | <input type="checkbox"/> | <input type="checkbox"/> |         |

| Parameter                   | Yes                      | No                       | Remarks |
|-----------------------------|--------------------------|--------------------------|---------|
| Substitute staff identified | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### I. ANSWER BOOK & EXAMINATION MATERIAL

| Code | Audit Parameter                                         | 4                        | 3                        | 2                        | 1                        | NA                       | Remarks |
|------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| I1   | Adequate answer books available/arrangement established | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I2   | Supplementary answer books available                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I3   | Graph/drawing sheets available where required           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I4   | Examination stationery available                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I5   | Packing material available                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I6   | Secure storage for used answer books                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I7   | Receipt/issue records maintained                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| I8   | Dispatch arrangements established                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### J. STUDENT FACILITIES

| Facility                     | Available                | Functional               | Remarks |
|------------------------------|--------------------------|--------------------------|---------|
| Drinking Water               | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Toilets                      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Waiting Area                 | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Help Desk/ Enquiry counter   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| First Aid                    | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Student Information Display  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Accessible Entrance          | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Parking/Drop-off Arrangement | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### K. DIVYANG / SPECIAL NEEDS ARRANGEMENTS

| Parameter                                    | Yes                      | No                       | NA                       | Remarks |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|---------|
| Accessible entrance                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Ramp/lift                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Accessible toilet                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Accessible examination room                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Appropriate seating                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Scribe arrangement where sanctioned          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Additional time arrangement where sanctioned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Staff awareness of applicable provisions     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### L. UNFAIR MEANS / DISCIPLINE

| Parameter                              | Yes                      | No                       | Remarks |
|----------------------------------------|--------------------------|--------------------------|---------|
| Examination rules available            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Invigilators briefed                   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Prohibited items policy communicated   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Student checking procedure established | <input type="checkbox"/> | <input type="checkbox"/> |         |
| UFM reporting mechanism available      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| UFM forms/material available           | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Incident reporting mechanism available | <input type="checkbox"/> | <input type="checkbox"/> |         |

**M. FIRE & EMERGENCY SAFETY**

| Parameter                        | Yes                      | No                       | Remarks |
|----------------------------------|--------------------------|--------------------------|---------|
| Fire extinguishers available     | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Fire extinguishers accessible    | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Fire safety equipment serviced   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Emergency exits identified       | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Emergency routes displayed       | <input type="checkbox"/> | <input type="checkbox"/> |         |
| First-aid kit available          | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Medical facility identified      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Emergency contacts displayed     | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Evacuation arrangement available | <input type="checkbox"/> | <input type="checkbox"/> |         |

**N. ELECTRICITY & POWER BACKUP**

| Parameter                  | Yes                      | No                       | Remarks |
|----------------------------|--------------------------|--------------------------|---------|
| Regular electricity supply | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Generator                  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| UPS                        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Emergency lighting         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| CCTV backup                | <input type="checkbox"/> | <input type="checkbox"/> |         |
| IT equipment backup        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Generator/UPS tested       | <input type="checkbox"/> | <input type="checkbox"/> |         |

**O. CLEANLINESS & HYGIENE**

| Parameter           | Satisfactory             | Needs Improvement        | Unsatisfactory           | Remarks |
|---------------------|--------------------------|--------------------------|--------------------------|---------|
| Examination rooms   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Corridors           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Toilets             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Drinking water area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Examination office  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Campus surroundings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

**P. ONLINE ASSESSMENT / CAP INFRASTRUCTURE**

| Sr. No. | Parameter                                          | ✓                        | X                        | P                        | NA                       | Remarks |
|---------|----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| P1      | Dedicated CAP/Assessment Centre identified         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P2      | Adequate assessment workstations available         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P3      | Computers/desktops/laptops functional              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P4      | Adequate internet connectivity                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P5      | Internet speed adequate for online assessment      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P6      | UPS/power backup available                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P7      | Generator/power backup available                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P8      | Technical support person available                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P9      | Adequate seating for evaluators                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| P10     | Assessment centre has suitable working environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

**Q. ONLINE ASSESSMENT PORTAL / SOFTWARE**

| Sr. No. | Parameter                                              | ✓                        | X                        | P                        | NA                       | Remarks |
|---------|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| Q1      | University assessment portal accessible                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Q2      | CAP login credentials available with authorized person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Q3      | Evaluator login facility tested                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

#### TECHNICAL ISSUE REGISTER

| Date | Problem | System/Portal | Subject | No. Affected | Action Taken | Resolved                 | Remarks |
|------|---------|---------------|---------|--------------|--------------|--------------------------|---------|
|      |         |               |         |              |              | <input type="checkbox"/> |         |
|      |         |               |         |              |              | <input type="checkbox"/> |         |
|      |         |               |         |              |              | <input type="checkbox"/> |         |

Important: Major technical problems affecting evaluation or marks submission should be immediately reported to the concerned University authority.

#### R. CAP PHYSICAL / DIGITAL SECURITY

| R1 | Parameter                                  | ✓                        | X                        | P                        | NA                       | Remarks |
|----|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| R2 | CAP room has restricted access             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| R3 | Only authorized evaluators permitted       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| R4 | CCTV available, where required             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| R5 | Assessment workstations adequately secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| R6 | Confidential documents securely stored     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

Critical Deficiencies: \_\_\_\_\_ Major Deficiencies: \_\_\_\_\_ Minor Deficiencies: \_\_\_\_\_

#### Overall Assessment

- ☐ READY   
 ☐ READY WITH MINOR COMPLIANCE   
 ☐ COMPLIANCE REQUIRED  
☐ RE-INSPECTION REQUIRED  
☐ NOT READY

#### Major Observations

- \_\_\_\_\_
- \_\_\_\_\_

#### Immediate Corrective Action Required

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## PART II

### DEFICIENCY & COMPLIANCE REPORT

#### Centre-wise Deficiency Tracking and Closure

##### Purpose:

To ensure that every deficiency identified during the Lead College inspection is assigned, rectified, verified and formally closed before commencement of the Winter 2026 University Examinations.

#### 1. DEFICIENCY CLASSIFICATION

##### Critical Deficiency

A deficiency that may compromise:

- examination security;
- confidentiality;
- integrity;
- student safety;
- availability of essential examination facilities; or
- University's ability to conduct the examination properly.

**Action:** Immediate escalation and mandatory rectification before examination.

##### Major Deficiency

A significant deficiency that could affect smooth conduct of examination.

**Action:** Rectification within prescribed deadline and verification by Lead College.

##### Minor Deficiency

A deficiency that does not materially affect examination conduct but requires improvement.

**Action:** Rectification preferably before commencement of examination.

#### 2. COMPLIANCE ACTION

For each deficiency:

##### Description:

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##### Corrective Action Proposed:

---

##### Date Rectified:

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#### 3. VERIFICATION BY LEAD COLLEGE

Deficiency No. Rectification Verified Date Verified By Status

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

#### 4. FINAL REPORT

The Lead College certifies that the examination centre has been physically inspected and its readiness has been assessed in accordance with the prescribed Examination Centre Readiness Checklist.

Lead College Principal / Audit Inspection Team chairman

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead College Seal: \_\_\_\_\_