



SHARDA
UNIVERSITY
AGRA

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OFFICE OF CONTROLLER OF EXAMINATIONS

FLYING SQAUD REPORT

(To be submitted to the CoE Office)

Name of the Squad Member 1:		Examination (Theory/Practical):	
Name of the Squad Member 2:		Date and Time of Visit:	

S.No	Hall No	Name of the Faculty	Department	Any irregularities Found During the Visit	Remarks

Signature of Flying Squad Members

Deputy Controller of Examination

Controller of Examination