



OFFICE OF CONTROLLER OF EXAMINATIONS

Examination Resource Requirement Form

(For Theory / Practical / Lab / Online Exams)

School	
Department	
Exam Cell Coordinator & Designation	
Date of Submission of Form	
Contact No.	
Semester	<input type="checkbox"/> ODD <input type="checkbox"/> EVEN
Exam Type	<input type="checkbox"/> Theory <input type="checkbox"/> Practical <input type="checkbox"/> Online <input type="checkbox"/> Others: _____
Date of Exam (If known)	

Examination Resource Details

S.No.	Item/Resource Required	Quantity	Purpose/Remarks

Verified and Submitted by Exam Cell Coordinator: Signature: _____

HoD Approval : ☐ Recommended ☐ Not Recommended | **Signature:** _____

Dean Approval : ☐ Recommended ☐ Not Recommended | **Signature:** _____

OFFICE USE

Received By.
(Name and Signature):
Date of Receipt :

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