



# MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR-313001

CONFIDENTIAL

Form for reporting cases of use of or attempt to use unfair means in the examinations  
Note : One sheet should be used for one case only. If printed forms run short, manuscript form should be prepared and used.

.....EXAMINATION, 200

Candidate's Roll No..... Enrolment No.....

Name of Candidate (with full Postal Address) .....

Name of candidate's Father .....

Name of Institution (in the case of collegiate candidates only ) .....

Name of centre .....

Subject and paper in which the candidate is reported to have used or attempt to use unfairmeans. Subject.....Paper.....

Day ..... Date ..... Time .....

- I. Particulars of books; papers etc. found in possession of the candidate and submitted along with the answer-book and this report. (All these should be signed by the candidate. invigilatory Flying squad & the superintendent )
- |   |        |
|---|--------|
| 1. Number of book (s)   | 1..... |
|   | 2..... |
|   | 3..... |
| 2. Number of torn Leaves of the books.....                                    |        |
| 3. Name of (1) Manuscript slips or (2) sheets of paper or (3) Blotting sheets | 1..... |
|   | 2..... |
|   | 3..... |
| 4. Any other article  | 1..... |
|   | 2..... |
|   | 3..... |

II, Statement of the candidates to be obtained at once in his/her own handwriting.

- Were the above articles recovered from your possession, person, desk etc. ? .....
- Why did you have them with you inspite of clear instruction to the contrary ? .....
- Did you make any use of them ? .....
- Have you anything else to state ? .....

Certified that this statement was made in my presence/Certified that the candidate declined to give any statement, (Not applicable should be crossed by Superintendent )

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Superintendent  
Date.....20

Signature of the candidate  
Date.....

III. Report of the Invigilator (s) Flying Squad

Date .....

Time .....

Signature of the Invigilator (S)  
Member of Flying Squad

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IV. Report of the Superintendent of examination centre.

Date .....

Time .....

Signature of the Superintendent

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