

## **ON THE LETTER HEAD OF COLLEGE / SCHOOL**

To,  
The Director  
Directorate of Distance Education,  
J.R.N. Rajasthan Vidyapeeth University,  
Udaipur  
Rajasthan

**Sub: Acceptance to conduct the Examination (W-2017) of the University from  
16<sup>th</sup> December 2017 to 5<sup>th</sup> January 2018.**

Dear Sir,

As per your request to conduct the examination of the University from **16<sup>th</sup> December 2017 to 5<sup>th</sup> January 2018** in our College/School. We are pleased to offer our college/school as examination centre of the University as per terms and conditions stipulated by the University. We assure you for the fair conduct of the examination without any favor or prejudice towards anyone.

We are giving you the brief details of our infrastructure:

Name of the College/School : \_\_\_\_\_

Complete Address : \_\_\_\_\_

State: \_\_\_\_\_ City \_\_\_\_\_ Pin Code: \_\_\_\_\_

Name of the Principal : \_\_\_\_\_

Phone No. with STD Code : \_\_\_\_\_ Total covered area : \_\_\_\_\_

No. of Classrooms : \_\_\_\_\_ No. of rooms allotting for Exam : \_\_\_\_\_

No. of Invigilator to be kept for exam: \_\_\_\_\_ Sitting capacity at exam centre : \_\_\_\_\_

Whether provision for safe drinking water: **Yes/No**, Separate urinal/toilets for Boys or Girls: **Yes/No**

Whether infrastructure is sufficient for smooth conduct of examination: Yes / No : \_\_\_\_\_

Exam Centre recommended by study centre Code: DDE/RVU/ \_\_\_\_\_

Name of Study Center \_\_\_\_\_

Assuring for the best support for conduct of free and fare examination of our college / school

**\*Pan Number** : \_\_\_\_\_ (Attach Pan Card zerox).

Thanking you.  
Yours Truly,

**PRINCIPAL**

(Signature of Principal with seal of College / School)

**UNDER TAKING TO WORK AS EXAM CENTRE SUPERINTENDENT,  
EXTERNAL EXAMINER PRACTICAL**

I the undersigned whose details furnished here below, ready to accept the responsibility and duties to work as Exam Centre Superintendent / External Examiner Practical for JRN Rajasthan Vidyapeeth University, W-2017 Examination. I pledge hereby that, I will abide by all the norms, rules, regulations laid down by the University for conducting smooth and fair Examination.

**PERSONAL DETAILS**

Name (In Capital Letters): \_\_\_\_\_

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

College Address/Office  
Address: \_\_\_\_\_

Name of affiliating University: \_\_\_\_\_

If retired/currently not in service year of  
retirement: \_\_\_\_\_

Designation at the time of  
retirement: \_\_\_\_\_

Address of organization from where retired: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel. No. with STD Code (office): \_\_\_\_\_ Tel. No. (Res): \_\_\_\_\_

Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Prior experience of working in Examination as: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Years: \_\_\_\_\_

Can you go out side your own city (Yes/No) \_\_\_\_\_

Place: \_\_\_\_\_

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

**Signature of Applicant  
(Principal of the School/College  
Conducting the examination.)**