

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 (S-2017) of the University from
22nd July 2017 to 10th August 2017.**

Dear Sir,

As per your request to conduct the examination of the University from **22nd July 2017 to 10th August 2017** 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, S-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.)**