འཇའ་བཟུང་གི་སློབ་གྲྭའ་ཚོས་རྒྱགས་དང་བརྟག་ཞིབ་ཚོགས་སྡེ།
Bhutan Council for School Examinations and Assessment
Ministry of Education and Skills Development
Royal Government of Bhutan

DECLARATION FORM FOR INVIGILATORS

[For use during CE VIII/CE VI/BCSE / BHSEC / LCSC Examinations]

Name of the Centre

Name of the Invigilator

EID / CID

School from

Contact number

Date of arrival at the examination centre (DD/MM/YY)

DUTY ROSTER

Examination	Date of Examination	Subject		Examination Hall / Room No.		Comments and Remarks
		Morning	Afternoon	Morning	Afternoon	

I hereby, confirm that during my above-mentioned duty, I have been very vigilant during the course of the examinations. I understand that I am liable to be subjected to appropriate actions by the authorities in the event that any discrepancy may arise.

Signature

Date (DD/MM/YY)

NOTE: This form is based on the duty roster planned and agreed upon during the meeting before the start of examination(s).