EXAMINATION CENTRE REPORT FORM

[TO BE COMPLETED BY THE SUPERVISING EXAMINER]

Name of the Centre

Name of Supervising Examiner

School From

Mobile Number

1. TEACHER-REPORTED PROBLEMS / ISSUES

Were there any teachers who reported a problem/issue in their subjects? Yes ☐ No ☐

If yes, ask the teacher to fill in the information in the format given below and attach it with the centre report:

Centre

Examination

Name of the Teacher

Contact Number

Problem Identified

Signature

2. INVIGILATORS

List the names of invigilator(s) and their date of reporting on a separate sheet as per the format shown below:

Sl. #	Name	School from	Date of reporting
1			
2			
3			
4			
5			

3. UNFAIR MEANS

Were there any candidate involved in unfair means in the examination? Yes ☐ No ☐

If yes, use the reporting format given below and ensure that it is attached with the candidate's question-answer booklet as specified in OGEA 2026: Chapter VII: Examination Malpractices, Offences and Sanctions

Sl. #	Name	Index No.	Subject	Examination
1				
2				
3				

4. CANDIDATES WHO PARTIALLY APPEARED

Please list the candidates who partially appeared in subjects on a separate sheet as per the format shown below and attach it with the Centre Report.

Sl. #	Name	Index No.	Subject	Subject/s
1				
2				
3				
4				

5. ATTENDANCE SHEET PACKING

Have you packed the Attendance Sheet for subject/s in their respective FIRST answer script packing envelope for both theory and practical papers? Yes ☐ No ☐

6. PRACTICAL EXAMINATION REPORTS

Have you packed the BHSEC Report on Physics Practical Examination, Report on Chemistry Practical Examination and Report on Biology Practical Examination forms in the respective FIRST answer script packing envelope? Yes ☐ No ☐

7. CARTON BOXES HANDED OVER TO THE CONVENER

Please list the details of the carton boxes handed over to the Convener in the format given below and attach with the Centre Report

Carton Box No	Content (e.g. English I (3 packets), English II (3 packets))
1	
2	
3	
4	
5	

8. COMMENTS AND RECOMMENDATIONS FOR IMPROVEMENT

Signature of Supervising Examiner

Date (DD/MM/YY)