

Beant College of Engineering and Technology

(Established by Govt. of Punjab)

Gurdaspur - 143521, Punjab

FORM FOR REPORTING UNFAIR MEANS CASES (UMC) OR ACT OF INTERFERENCE ON THE PROPER CONDUCT OF EXAMINATION IN THE COLLEGE

Important

- 1. The Centre Superintendent must ensure that all the columns are filled completely. Duly filled Performa is to be dispatched along with:
 - Concerned Answer Sheet (s)
 - Slip(s) caught/Incriminating material duly signed by the student & Superintendent/invigilator(s)/ Flying Squad/Observer etc. at following address:

To Controller of Examinations Beant College of Engg. & Tech., Gurdaspur - 143521, PB

Write "UMC Case" on top of the envelope.

2. In case the detector is a member of the Flying Squad, he/she should be requested by the Centre Superintendent to record a detailed report at page 2 and to invariably sign the paper (5) recovered from the candidate for purpose of authentication.

GENERAL PARTICULARS

1. Exam Center Name
2. Examination Room Number (where case has been detected)
3. Name(s) of the Invigilator on duty
4. Name of the Examination
5. Name of the candidate
6. University Roll No Session
7. Subject
8. Paper ID
9. Date of Detection
10. By whom detected (Name and complete particulars)

DETAILS

No. of printed papers detected		
No. of handwritten papers detected		
Other incriminating material		
Total No. of papers detected		
Time of detection		
Exact place or part of the body of recovery		
hand/pocket or under the clo whether "from the seat" et misbehavior or indiscipline	rs and other material recovered must be given (e.g. from the thes worn by the candidate or from the candidate's answer book or ic. Report regarding giving or receiving help by a candidate or disturbance created at the Centre by a candidate (s) be also e time of detection should be clearly mentioned and the report ity.	
	Full Signatures of the Detector :	
	Name:	
	Designation / Address :	
	Mob. No.:	
ENDORSMENT BY T	HE INVIGILATORS/SUPERVISOR OF THE ROW	
	Full Signatures of the Detector :	
	Name:	
	Designation / Address:	
	Mob. No.:	
REPORT/COM	MENT OF THE CENTRE SUPRINTENDENT	
	Full Signatures of the Detector :	
	Name:	
	Designation / Address :	
	Mob. No.:	
(Separate sheet may be used if necessary)		

STATEMENT OF THE CANDIDATE

(if the candidate refuses to make a statement, the fact of refusal may please be indicated by the Exam Superintendent)

(Separate sheet may be used if necessary)		
(Separate sheet may be used if necessary)		
	Full Signatures of the candidate:	
	Name:	
	Designation / Address :	
	Mob. No.:	
•	•••••••••••••••••••••••••••••••••••••••	
Detail of documents sent :-		
1. Answer Books (s): One or two		
2. Material recovered (No. of papers)		
3. Copy of the seating plan		
4. Copy of the question paper		
5. Any other, pl. specify		
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Further certified that the candidate was asked to make a statement and to sign the incrimination material recovered from him. (please tick the appropriate statement)		
(1) He made a statement and also signed th	e incriminating material.	
(2) He refused to make a statement and did	not sign the incriminating material.	
(3) He has made a statement but did not sig	gn the incriminating material.	
(4) He refused to make a statement but sign	ned the incriminating material.	
(5) He was offered a second Answer Book. H	He accepted/refused to accept the second Answer Book.	
	Signature of the Superintendent	
	Name:	
	Designation / Address :	
	Mob. No.:	