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केन्द्रीय माध्यमिक शिक्षा बोर्ड

मानव संसाधन विकास मंत्रालय, भारत सरकार के आधीन एक स्वायत्त संगठन
शिक्षा केन्द्र, 2, समुदाय केन्द्र, प्रीत विहार, दिल्ली - 110 301

CENTRAL BOARD OF SECONDARY EDUCATION

(An Autonomous Organisation under the Union Ministry of Human Resource Development Govt. of India)
"SHIKSHA KENDRA", 2, COMMUNITY CENTRE, PREET VIHAR, DELHI - 110301

No.AIPMT/2011

Dated: 02.09.2011

The Registrar,
Pondicherry University
R. Venkataramanan Nagar
Kalapet, Puducherry - 605 104

14/9

15/9

ETB

15/9

Subject: Name of the faculty members to act as an Observer.

Respected Sir,

You are aware that CBSE is conducting three main entrance examinations at National Level whose centres are fixed throughout the country. As a policy of the Board, officials from the other educational organizations are deputed at the examination centre to act as an Observer. The duty of the Observer is to ensure fair and smooth conduct of examination. The Observer is considered as a Representative of the public who can also observe and ensure that examination is conducted in a fair manner.

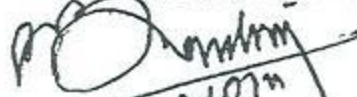
I would be grateful if the faculty members of your reputed University may offer their services to act as an Observer in these examinations. For the same purpose, I am enclosing some copies of proforma which could be given to the faculty members for sending it back to the Board after filling their details. If need be, more photocopies of the same proforma may be got done for this purpose.

It is not out of place to mention here that for acting as an Observer, Board is making the payment of remuneration, conveyance and TA/DA as per Board's rule.

I am sure that with your kind assistance, Board would be able to get the name of the faculty members of sterling integrity of your university latest by September end.

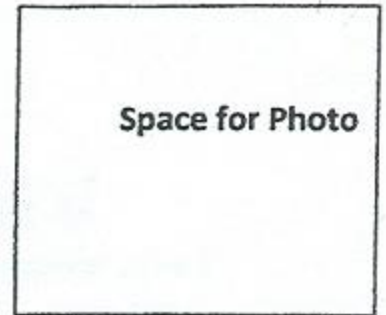
With kind regards,

Yours faithfully,


(DR. SANYAM BHARDWAJ)
DEPUTY SECRETARY

PROFORMA FOR PERSONAL DETAILS OF OBSERVER

ACCEPTANCE FORM



Space for Photo

Name : _____

Designation : _____
(if retired, please mention last designation)

Date of Birth : _____

Pay Scale : _____
(if retired, Last Pay Scale)

Qualifications : _____

Office Address : _____
(if retired, last office served)

_____ PINCODE _____

Phone Nos. - Off : _____
(with STD Code)

Fax : _____

Residential Address : _____

_____ PINCODE _____

Phone Nos. Resi. : _____

Mobile : _____

Email : _____

(Signature)

Mailing Address:
Dr. Sanyam Bhardwaj,
Deputy Secretary,
Central Board of Secondary Education
Shiksha Kendra, 2, Community Centre,
Preet Vihar,
Delhi-110301.