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Fax : 011-22509251

DR (S&H)
Went

ET
16/10/15



केन्द्रीय माध्यमिक शिक्षा बोर्ड

मानव संसाधन विकास मंत्रालय, भारत सरकार के आधीन एक स्वायत्त संगठन
शिक्षा केन्द्र, 2, समुदाय केन्द्र, प्रीत विहार, दिल्ली – 110092

CENTRAL BOARD OF SECONDARY EDUCATION

(An Autonomous Organisation under the Union Ministry of Human Resource Development Govt. of India)

All India Pre-Medical/Pre-Dental Test Unit

"SHIKSHA KENDRA", 2, COMMUNITY CENTRE, PREET VIHAR, DELHI – 110092

No.CBSE/AIPMT-2016/OBSVR-/2015/6047-6780

The Registrar
PONDICHERRY UNIVERSITY
R. VENKATARAMAN NAGAR, KALAPET
PUDUCHERRY 605014, TAMILNADDU

PU/Regd/No. 7706
DEL 14/10/15

Dated: 08.10.2015

Subject: Faculty Members to act as an Observer in All India Pre-Medical/ Pre-Dental Entrance Test (AIPMT) – 2016.

Sir/Madam,

The Central Board of Secondary Education has been conducting All India Pre-Medical/ Pre-Dental Entrance Test (AIPMT) for admission to MBBS/BDS courses under 15% All India Quota in Government Medical Colleges since the year 1988.

CBSE is making preparation for the conduct of AIPMT-2016 Examination. The schedule of the same will be shortly finalized and communicate to all concerned through media.

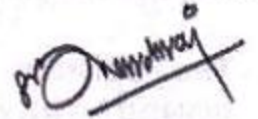
As per the policy of the Board, Academicians and Senior Officials from educational institutions and Universities are deputed at the examination centres to act as Observers which are considered as Public Representative ensuring fair conduct of examination.

I would be grateful if the faculty members of University, Institution or Affiliated Colleges which you may deem fit to perform the responsibility of an Observer be supplied to the undersigned in the enclosed proforma. If need be, photocopies of the proforma may be used. The Observers are paid honorarium and remuneration as per Board's rule.

I earnestly request your co-operation for providing details of the faculty members of impeccable integrity of your Institution who are willing to act as observers in the AIPMT 2016 by return post/fax no. 011-22509251/e-mail osd.cbse@gmail.com or latest by 31st October 2015.

With warm regards & Seasons Greetings.

Yours faithfully,



(DR SANYAM BHARDWAJ)
Joint Secretary &
Officer on Special Duty (AIPMT)

PU/Regr/No. 7963
Dt/ 26/10/2015



Encls : As above.

Name of the University: _____

Address _____

University Telephone No.(s) _____

University Email ID: _____

Type of University: Central University/State University/Deemed University/Private University (Please tick)

Details of Faculty Members for Observer Duty for AIPMT-2016

Sl. No.	Name , Designation & Department
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Signature of the Authorized Signatory

With Seal

PROFORMA FOR PERSONAL DETAILS OF OBSERVER

ACCEPTANCE FORM

Please paste here
recent photograph

Name	
Designation	
Date of Birth	
Pay Scale with Grade Pay	
Qualifications	
Complete Official Address with pin code	
Residential Address with pin code for correspondence	
Contact Details	Phone No. (O) _____, Phone No. (R) _____ Phone No. (O) _____, Phone No. (R) _____ Mobile No. _____ Mobile No. _____ Email ID _____ Alternate Email ID _____
Details of previous observer duty if any, please mention the place and year of duty	AIPMT/JEE/CTET/NET

Signature