



ग्रामीण मुक्त विद्यालयी शिक्षा संस्थान : Grameen Mukta Vidhyalayi Shiksha Sansthan

APPLICATION FOR EXAM CENTRE REQUEST

1. Name & Code of AD : _____
2. Requested Exam Centre Name : _____
3. Class X/XII : _____
4. Session / Year : _____
5. Distance from the AD/AC (in KMs) : _____

Reason(s) why to make Examination Centre:

We hereby declare that the information provided above is true and to the best of my knowledge. In the event of any of above information is found wrong or misleading; we shall be liable for appropriate action. The decision of the GMVSS regarding this request will be final and binding on us.

Authorized Signatory (Requested Exam Centre): _____

Seal of the Academic Centre : _____

Verification & Recommendation by Academic Director:

I have verified the information provided by the Academic Centre. The Academic Director has paid Regular / Reappear examination fee of the above said course and Session for the current Exam. The reason(s) mentioned for the request of examination centre, are genuine and the case is recommended for consideration.

Authorized Signatory (AD): _____ **Seal of the Academic Director (AD)**

*Note: Students List with Enrollment & Roll Number should be attached in separate sheet.

FOR GMVSS OFFICIAL USE ONLY

Exam Centre Allowed: Yes / No. If Yes, Exam Centre Code: _____

Exam Centre Name & Location: _____

Sd/

Controller of Examination

Note: Requested Exam Centre need to attach separate Sheet for the details of Infrastructure, Seating Arrangement, Staff Details, Wash Rooms for Male/Female Candidates, Proper Security Arrangements etc.