



# Children's University, Gandhinagar

Examination – Internal/External

Month & Year: \_\_\_\_\_ Semester:- 1 / 2 / 3 / 4

Block No. \_\_\_\_\_ Course Name : \_\_\_\_\_

Paper Name: \_\_\_\_\_

Paper Code: \_\_\_\_\_

Place : Children's University, Sector-20, Gandhinagar

## DETAILED BLOCK REPORT (To be submitted in TRIPLICATE)

Date of the Examination and time	Total No. of Candidates called for Examination	Total No. of Candidate Present at the examination	Seat No. of Absent Candidates
Date:- _____ Time:- _____			

➤ Total No of Candidates Reported Malpractices : \_\_\_\_\_

➤ Seat Nos. of Candidates Reported Malpractices.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_  
(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_ (9) \_\_\_\_\_ (10) \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Signature of Senior Supervisor \_\_\_\_\_

Signature of Exam Coordinator \_\_\_\_\_