

**STATEMENT TO BE FURNISHED BY THE INVIGILATORS**

Room No.	OMR packet Si.No. (PKT)	No.of OMR sheets received by invigilator	No.of candidates		No.of remaining OMR sheets				Signature of invigilator
			Present	Absent	Alpha Code				
					A	B	C	D	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTAL									

Verified and found correct.

Name and Signature of Chief Superintendent

Name and Signature of Additional Chief Superintendent

**KERALA PUBLIC SERVICE COMMISSION**

**FORM NO.3 (COMMON TESTS)**

**CENTRE NO.**

1	NAME OF POSTS AND DEPARTMENTS*	CATEGORY NO.
	[1]	
	[2]	
	[3]	
	[4]	
2	Date of Test	
3	Name of Centre	
4	Total No.of candidates admitted for the test	
5	Total No.of OMR sheets received by Chief Superintendent	
6	Total No. of OMR sheets used for the test	
7	Total No.of candidates present for the test	
8	Total No.of candidates absent for the test	
9	Total No.of OMR Sheets cancelled	
10	*No. of candidates present for each category No.	1
		2
		3
		4

Signature (with date)

Name and Designation of Chief Superintendent

\*(Separate sheet shall be attached if the number of categories included in the common test is more than 4)