

**GOVERNMENT OF NAGALAND
NAGALAND STAFF SELECTION BOARD
NAGALAND; KOHIMA
Email: nssb.exam-ngl@gov.in ||| Phone 9366495971
(COMBINED STAFF RECRUITMENT EXAMINATION 20.....)**

FORM "A"

CERTIFICATE OF OPENING QUESTION PAPER PACKETS

(To be sent to the Secretary cum Controller of Examination by the Centre Supervisor)

Name of the Examination: _____

Name of the Centre : _____

We, the undersigned, hereby certify that the sealed box/packet/Envelopes containing question papers in _____ (subject/ Paper) for the above Examination has/have been examined by us and found to be in proper condition and opened in our presence at _____(time) on _____(date)

1. (Name &Signature of the Invigilator) : _____

2. (Name & Signature of the Invigilator) : _____

3. (Name & Signature of the Centre Supervisor): _____

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FORM "B"

CERTIFICATE OF OPENING QUESTION PAPER PACKETS

(To be sent to the Secretary cum Controller of Examination by the Centre Supervisor)

Name of the Examination : _____

Name of the Centre : _____

We, the undersigned, hereby certify that the sealed box/packet/Envelopes containing question papers in _____ (subject/ Paper) for the above Examination has/have been examined by us and found to be in proper condition and opened in our presence at _____(time) on _____(date)

4. (Name &Signature of the Candidate) : _____

5. (Name & Signature of the Invigilator) : _____

6. (Name & Signature of the Centre Supervisor): _____

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Account of OMR Answer Sheets/ Test Booklets:

Total number of OMR Answer sheets/Test Booklets received from the Board	Number of OMR Answer Sheets/ Test Booklets issued to the Candidates*	Total Number of Unused/ Spoilt OMR Answer Sheets/ Test Booklets returned to the Board	Remarks, if any

*This number should be same as the number of present Candidates

CENTRE/ NAME OF THE INSTITUTION: _____

Name and Signature of the Supervisor:

Date:

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TOP SHEET

We, the undersigned, hereby certify that _____ Nos. of used OMR Answer Sheets of the candidates were packed in our presence after counting and checking correctness by tallying with Attendance Sheets/Seating plan after completion of the examination.

PACKET 1 (a/ b / c) : _____

Roll no. : _____ to _____

Signature of the Invigilator: _____ Signature of the Invigilator: _____

Name: _____ Name: _____

Date: _____ Date: _____

CENTRE/NAME OF THE INSTITUTION: _____

Signature of the Supervisor: _____

Name: _____

Date: _____

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(*forwarding letter*)

To,

The Secretary Cum Controller,
Nagaland Staff Selection Board.
Nagaland: Kohima

Sub: Forwarding of certificates/forms(annexures1 to 15)

Sir,

I am herewith forwarding the under mentioned forms:

- | | |
|---|-------------------|
| 1. Annexure 1 (opening certificate form A) | : Paper(I,II,III) |
| 2. Annexure 2 (opening certificate form A) | : Paper(I,II,III) |
| 3. Annexure 3 (account of OMR and test booklets) | : Paper(I,II,III) |
| 4. Annexure 4 (topsheet) | : Paper(I,II,III) |
| 5. Annexure 6 b (seat plan showing the series of the test booklet) | : Yes/No |
| 6. Annexure 7 (attendance sheets of the candidates) | : Yes/No |
| 7. Annexure 8 (no. of representation by candidates) | : _____ |
| 8. Annexure 9(no. of admission statement-prohibited items) | : _____ |
| 9. Annexure 10 (no. of admission statement-mal practises) | : _____ |
| 10. Annexure 11(no. of undertaking-no ad. certificate) | : _____ |
| 11. Annexure 12(no. of undertakings –facsimile signature/photo) | : _____ |
| 12. Annexure 13(candidates movement record) | : _____ |
| 13. Annexure 14 (attendance list of staff) | : _____ |
| 14. Annexure 15(utilization certificate) | : _____ |
| 15. Annexure 16 (Acquittance Roll) | : _____ |
| 16. Annexure 17 no relation certificate (total nos.) | : _____ |

Name of the Centre : _____

No. of Registered Candidates : _____

No. of Candidates Present : _____

Additional remarks if any : _____

Signature of CS :

Name of CS :

Date:

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SEAT PLAN (sample)

NAME OF EXAMINATION : _____

NAME OF CENTRE : _____

NAME OF VENUE : _____

SUBJECT/PAPER : _____

DATE OF EXAMINATION : _____

SESSION (1st/2nd/3rd) : _____

ROOM/HALL: _____ ROLL NUMBERS : From----- to -----

INVIGILATOR'S SEAT

Ver tica l	Horizontal							
	1 st row		2 nd row		3 rd row		4 th row	
	Roll no	Test booklet series	Roll no	Test booklet series	Roll no	Test booklet series	Roll no	Test booklet series
		A		C		A		C
		B		D		B		D
		C		A		C		A
		D		B		D		B
		A		C		A		C
		B		D		B		D

(More vertical rows and horizontal rows may be added as per the size of the room. However, care should be taken that each alternate row should start with either test booklet 'A' or 'C' series.)

Name of the invigilators	Allotted ___ row numbers	Signature of the invigilators

Name and signature of the Centre Supervisor:

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SEAT PLAN (sample)
(to be pasted outside the hall)

ROOM NO:

NAME OF EXAMINATION :

NAME OF CENTRE :

NAME OF VENUE :

SUBJECT/PAPER :

DATE OF EXAMINATION :

SESSION (1st/2nd) :

ROLL NUMBERS : From----- to -----

INVIGILATOR'S SEAT

Ver tica l	Horizontal			
	1 st row	2 nd row	3 rd row	4 th row
	Roll no	Roll no	Roll no	Roll no

Name and signature of the Centre Supervisor:

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(Sample to be pasted for the candidates on the notice board)

Venue:

Date:

Time:

ROOM NO 1: roll nos.

ROOM NO 2: roll nos.

ROOM NO 3: roll nos.

(IST FLOOR)

ROOM 4: roll nos.

ROOM 6: roll nos.

(2ND FLOOR)

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NAME OF EXAMINATION : _____

NAME OF CENTRE : _____

DATE OF EXAMINATION : _____

SUBJECT/PAPER : _____

NO. OF REGISTERED
CANDIDATES : _____

(In words) : _____

NO. OF APPEARED
CANDIDATES : _____



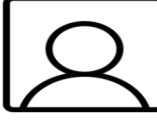

(In words) : _____

Name & Signature of Centre Supervisor: _____

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Attendance Sheet
Examination Date:

Roll No: 12345 Name: Abc	 Scanned Signature		Session I	Session II	Session III
			Test series Booklet:	Test series Booklet:	Test series Booklet:
		Candidate's Signature			
		Invigilator's Signature			
Roll No: 12345 Name: Abc	 Scanned Signature		Session I	Session II	Session III
			Test series Booklet:	Test series Booklet:	Test series Booklet:
		Candidate's Signature			
		Invigilator's Signature			
Roll No: 12345 Name: Abc	 Scanned Signature		Session I	Session II	Session III
			Test series Booklet:	Test series Booklet:	Test series Booklet:
		Candidate's Signature			
		Invigilator's Signature			
Roll No: 12345 Name: Abc	 Scanned Signature		Session I	Session II	Session III
			Test series Booklet;;	Test series Booklet:	Test series Booklet:
		Candidate's Signature			
		Invigilator's Signature			
registered candidates	appeared candidates	absentees	total		
name of the cs					
signature		date			

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REPRESENTATION BY CANDIDATE

I, the undersigned, do hereby bring to the notice of the Board, the problem/discrepancy detected by me in question booklet as described below.

I understand that my representation will be reviewed and dealt with by the Board as deemed fit and will accept the decision of the Board as final.

Paper (I, II)	Question no	Booklet series	Nature of the problem/discrepancy

Signature of the candidate:

Name :

Phone no:

Roll no.:

Centre:

Signature of the Invigilator:

Date:

Signature of the Centre Supervisor:

Date

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Admission Statement

(for prohibited items)

I, the undersigned, admit that I carried a mobile phone/calculator/other items prohibited in the examination hall, and the same was found in my possession during the conduct of the examination which is in contravention to the laid down rules of the Board.

I understand that for violation of the instructions, I have become liable to such disciplinary proceedings by the Board as deemed fit.

Details of the items seized:

Signature of the candidate :

Name :

Roll no :

Centre :

Phone no :

Signature of the invigilator :

Date :

Signature of the Centre supervisor:

Date:

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ADMISSION STATEMENT

(for malpractice)

I, the undersigned, admit that I had committed malpractice/misbehaved/ used unfair means in the examination hall, which is in contravention to the instructions/ laid down rules of the Board.

I understand that for committing the above stated offence, I have become liable to such disciplinary proceedings by the Board as deemed appropriate.

Details of the mal practise:_____

Signature of the candidate :

Name :

Roll no. :

Centre :

Phone no :

Signature of the invigilator:

Date:

Signature of the Centre supervisor:

Date:

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**UNDERTAKING
(NO ADMISSION CERTIFICATE)**

I, the undersigned, acknowledge that I am sitting for my exam without admission certificate.

I am aware that this permission is granted at my own risk. If any ineligibility is detected at any stage, I agree to abide by the Board's decision, which shall be final.

Signature of the candidate :

Name :

Roll no. :

Centre :

Phone no :

Signature of the invigilator:

Date:

Signature of the Centre supervisor:

Date:

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UNDERTAKING

(FACSIMILE SIGNATURE/ PHOTOGRAPH)

I, the undersigned, acknowledge that I am the person whose name, roll no., photograph and signature is given in the attendance sheet.

I am aware that I am permitted to write the examination at my own risk. If any ineligibility is detected at any stage, I agree to abide by the Board's decision, which shall be final.

Signature of the candidate:

Name:

Roll no.:

Centre:

Phone no:

Verified that signature/ photograph of the above candidate does not match with facsimile signature/ photograph given in the attendance sheet

Signature of the invigilator:

Date:

Signature of the Centre supervisor:

Date:

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CANDIDATES MOVEMENT RECORD

Name of examination: _____

Exam. Centre: _____ Room : _____ Date: _____

Sl.no	Name of the candidate	Time		Signature
		Out	in	

* a candidate may go out for nature call only after 30 minutes from the commencement of the examination

Signature of the invigilator:

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ATTENDANCE LIST OF STAFF

Name of the Examination Centre: _____

Sl. no	Name	Designation	Appt. as	Dates of examination	signature

Signature of the Centre Supervisor:

B. OTHER CHARGES

Sl no	Heads	amount
1	POL	
2	Stationeries	
3	Refreshment	
4	Others (to specify)	

Total of A and B : _____

Signature of Centre Supervisor : _____

Name of Centre Supervisor : _____

Date: _____

(Rupes _____ only)

Signature of Supervisor: _____

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NO RELATION CERTIFICATE

I Shri /Smti _____

Designation _____ in (name of exam centre) _____

do hereby certify that no relative / dependent of mine is appearing in the above mentioned examination being held on/from _____ to _____ for selection to the clerical and allied posts advertised by the NSSB.

In the event of any candidate who is a relative / dependent of mine happen to appear in the examinations, I shall inform the Centre Superintendent and recuse myself from the invigilation duty.

Signature: _____

Name : _____

Designation : _____

Date : _____

LIST OF FORMS

Annexures		Instructions	Total of copies to be made
Annexure 1: Form A	Opening certificate	The boxes containing the OMR booklets and answer sheets to be opened using form A	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
Annexure 2: Form B	Opening certificate	The packets containing the OMR booklets and answer sheets to be opened in the examination hall using form B	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
Annexure 3	Record of OMR	To be filled indicating the total of OMR received, used and damaged etc	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
Annexure 4	Top sheet	To be filled after the counting and packing of OMR answer sheets	<ol style="list-style-type: none"> 1. To be inserted in a brown envelope and packed with the OMR (packet 1) 2. To be sent along with annexure 5 to the Board (packet 2) 3. To be retained by the CS
Annexure 5	Forwarding letter	Record of the forms to be sent to the Board	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
Annexure 6 (a, b, c)	Seat plan A		
	Seat plan 6b	Seat plan B will contain the roll number and series of the test booklet	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
	Seat plan 6c	Seat plan 6c will show only the roll number and will not contain the series of the test booklet	
Annexure 7(a,b)	Attendance List	Record of names and signature of candidates present	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by CS
Annexure 8	Representation by Candidate	To be filled by the candidate to raise a doubt about any apparent mistake/ambiguity	<ol style="list-style-type: none"> 1. To be forwarded to the Board 2. To be retained by the candidate

		or anomaly about any item in the question paper	3. To be retained by CS
Annexure 9	Admission statement (prohibited items)	To be filled if any candidate is caught with prohibited items	1. To be forwarded to the Board 2. To be retained by the candidate 3. To be retained by CS
Annexure 10	Admission statement (mal practice)	To be filled if any candidate is caught resorting to mal practises	1. To be forwarded to the Board 2. To be retained by the candidate 3. To be retained by CS
Annexure 11	Undertaking No Admission Certificate	To be filled if any candidate is admitted without admission certificate	1. To be forwarded to the Board 2. To be retained by the candidate 3. To be retained by CS
Annexure 12	Facsimile sign & photo	To be filled when in doubt about the candidate's identity	1. To be forwarded to the Board 2. To be retained by the candidate 3. To be retained by CS
Annexure 13	Movement record	Record of the candidate's movement during the exam	1. To be forwarded to the Board 2. To be retained by CS
Annexure 14	Attendance of staff	Record of names and signatures of staff involved in the examination	1. To be forwarded to the Board 2. To be retained by CS
Annexure 15	Utilization Certificate	Record of the exam expenses	1. To be forwarded to the Board 2. To be retained by CS
Annexure 16	Acquittance roll	Record of Exam Conduct	1. To be forwarded to the Board 2. To be retained by CS
Annexure 17	No Relation Certificate	To be signed by the invigilators	1. To be forwarded to the Board 2. To be retained by CS