



DECLARATION FORM FOR INVIGILATORS

[For use during CE VIII/CE VI/BCSE / BHSEC / LCSC Examinations]

Name of the Centre :

Name of the Invigilator :

EID / CID :

School from :

Contact number :

Date of arrival at the examination centre :

DUTY ROSTER

Examination	Date of Examination	Subject		Examination Hall / Room No.		Comments and Remarks
		Morning	Afternoon	Morning	Afternoon	

I hereby, confirm that during my above-mentioned duty, I have been very vigilant during the course of the examinations. I understand that I am liable to be subjected to appropriate actions by the authorities in the event that any discrepancy may arise.

Signature:

Date

NOTE: This form is based on the duty roster planned and agreed upon during the meeting before the start of examination(s).