பிற்சேர்க்கை – 2

DIRECTORATE OF GOVERNMENT EXAMINATIONS, CHENNAI-6

Higher Secondary First Year / Second Year / SSLC Examination
March / June / September 20

Daywise – Coverwise Script Detail Form (CSD Form)

No. & Name of the Centre: Date:

SUBJECT: MEDIUM:

(Separate Forms to be used for different languages / subjects / mediums)

R. No.	Name of the Hall Supervisor	No. of Candidates					No. of		Signature
		Allot	Pre	Ab	Mal	**Lang. Ex.**	Scripts	Covers	
Total									

Signature of
Departmental Officer

Signature & Seal of
the Chief Superintendent

Note:
Only one copy should be prepared and sent to the collection point.

Use Additional forms if required.