

## APJ ABDUL KALAM TECHNOLOGICAL UNIVERSITY

CET campus, Thiruvananthapuram - 695 016

Ph: 0471 2598122; Fax: 2598522 www.ktu.edu.in Email: university@ktu.edu.in

KTU/AD(EXAM)/2365/2020

28.06.2020

## Addendum to additional guidelines to affiliated colleges for the conduct of Examinations, June-July 2020

Reference: 1. Additional guidelines to affiliated colleges for the conduct of Examinations, June-July 2020, No. KTU/AD(EXAM)/2020, dtd. 24.06.2020

2. Covid-19 Health Advisory for the conduct of examinations No.31/F2/2020/Health, dtd. 29.05.2020, Health and Family Welfare Dept. Govt. of Kerala

In addition to the Covid-19 health advisory from the Health and Family Welfare Dept., Govt. of Kerala, it is hereby reminded that the University has issued detailed guidelines regarding the conduct of examinations. All principals shall ensure that these instructions are strictly adhered to. College authorities will be responsible for consequences of any violation of guidelines from the University and the Covid-19 advisory issued by the government. All the activities related to conduct of examinations shall be implemented through the war room constituted in the College.

If special transportation facility by KSRTC from any location within the district to and from the college is required, the details including the number of passengers (students / faculty / staff), timing, route and stops required shall be intimated to the nearest KSRTC depot at least a day in advance and also to the University (jdexam@ktu.edu.in)

A declaration in the attached proforma shall be obtained from students (both centre changed and own college students) coming from containment zone / hot spot / under quarantine / other state / with minor flu like symptoms etc. and their declaration shall be verified at the entrance of the exam centre and such students shall be directed to the examination halls reserved for the corresponding category. These declarations shall be deposited in the plastic bag kept for depositing copy of ID proofs of centre changed students in the examination hall.

A proforma for reporting of malpractice cases by Invigilator (to the exam cell) is also attached herewith.

Dr. V. Suresh babu
Controller of Examinations

Encl:

Proforma for declaration by students

Proforma for reporting of malpractice by students





## **Reporting of Malpractice**

Name of College:				
Hall No.	Block:			
Name of Invigilator / observer / Chief suptdt.	/ Squad:			
Designation:				
Name and Register number of student:				
Course:				
Alpha Numeric code of the Answer book:				
Type of Malpractice reported (as in examina	tion handbook):			
Date & Time of malpractice observed:				
Details of Malpractice observed:				
Type of evidence:				
Whether student continued to write exam?: Yes / No				
Remarks:				
		Signature:		
		Date & Time:		

Name and Signature of Chief Suptdt.

Date & Time:





## **Covid – 19, Self Declaration Form for Students**

1. Name of Student:

	2.	Register Number:			
	3.	Parent Institute:			
	4.	Residential address:			
	5.	Mobile number:			
	6.	Emergency Contact Number:			
	7.	Do you have fever?:	Yes / No (strike off whichever is not applicable)		
	8.	. Are you currently experiencing symptoms like: mild fever / flu like symptoms			
			Yes / No (strike off whichever is not applicable)		
	9. Have you been in close contact with a confirmed case of corona virus:				
			Yes / No (strike off whichever is not applicable)		
	10.	Whether you are in quarantine:	Yes / No (strike off whichever is not applicable)		
	11. Are you coming from other state / country and not completed the quarantine period?:				
			Yes / No (strike off whichever is not applicable)		
	12. Whether you are residing in a Containment zone / hotspot:				
			Yes / No (strike off whichever is not applicable)		
	13.	Any other information:			
Ιh	<u>Declaration</u> I hereby affirm that the information furnished above are true and correct to the best of my knowledge				
	Thoroby animit that the information furnished above are true and correct to the best of my knowledge				

and belief. If any of the above are found to be incorrect or fake I am responsible for the

Signature of the candidate



consequences.

Date: