

**KERALA PUBLIC SERVICE COMMISSION*****Plan of Seating Arrangement***

Centre Code No:

Category No:

Name of the Centre :

Name of the Examination :

Name of the Assistant Superintendent :

Room No.:

Note: All details to be furnished without fail. Absentees should be marked and Register Numbers rounded off.

Sl. No.	Reg. No	Question Booklet Alpha Code	Sl. No.	Reg. No	Question Booklet Alpha Code	Sl. No	Reg. No	Question Booklet Alpha Code	Sl. No.	Reg. No	Question Booklet Alpha Code
1		A	2		B	20		D	19		C
4		D	3		C	17		A	18		B
5		A	6		B	16		D	15		C
8		D	7		C	13		A	14		B
9		A	10		B	12		D	11		C

**Date:****Signature of Assistant Superintendent****Countersigned:****Date:****Signature of Chief Superintendent**

Verified the Register Number both written and bubbled.

Verified the candidates faces with both Admission Ticket and Id Card Photo

**Remarks, if any, may be noted inside the box provided below:****DECLARATION**

It is also certified that I have carried out invigilators responsibilities in a fair and impartial manner and have ensured that the candidate have written the examination without receiving any assistance by direct or indirect means and also checked the above responsibilities.

**Date:****Signature of Assistant Superintendent :****Name :****PEN :****Designation of Assistant Superintendent :****Countersigned:****Date:**