

**CCTV CONTROL ROOM, EXAMINATION SECTION,
SAURASHTRA UNIVERSITY, RAJKOT
VIDEO OBSERVER REPORT**

NAME : _____ **MOBILE :** _____

NAME OF DEPARTMENT : _____

DATE : _____ **SESSION : MORNING / AFTERNOON**

MONITORING OPERATOR NAME: _____ **CITY/DISTRICT :-** _____

College Code	College Name	Observer Name Absent/present Mobile Number	Camera Status	Remarks

SIGN OF VIDEO OBSERVER : _____

SIGN OF HON.VC SIR : _____

Page : /

SIGN OF MONITORING STAFF: _____