



THE TECHNICAL UNIVERSITY OF KENYA
Haile Selassie Avenue, P.O. Box 52428, Nairobi 00200

INVIGILATION REPORT

Unit Code Unit Title
Time from To
Date Administered Room
Number of students present at start of examination
Time first candidate finished Time most Candidates finished.....
Number of candidates present at the end of examination.....

REMARKS

Cheating (attach evidence where possible)

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- 1) Candidates name..... Registration No.sign.....
- 2) Invigilator's signature

Hardships.....
.....
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Irregularities.....
.....
.....

Other Comments.....
.....

Invigilators Names	Signature	Date
1)
2)

Chief Invigilator Comments

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Name (Chief Invigilator) Signature..... Date.....

I certify that I have received (Number of) Examination scripts for my examination

1) Name of examiner Mobile Number

2) Signature of Examiner

Received by Director of School..... Signature

Date.....