

**SYMBIOSIS CENTRE FOR DISTANCE LEARNING
ONLINE EXAMINATION**

EXAM ADMINISTRATOR UNDERTAKING

THIS UNDERTAKING MUST BE RETURNED TO SCDL PUNE, INDIA By Post IN ORDER TO
VALIDATE THE EXAMINATION.

STUDENT NAME: _____

REGISTRATION NUMBER :- _____

COURSE NAME: _____

EXAM ADMINISTRATOR NAME: _____

EXAM ADMINISTRATOR EMAIL: _____

NAME OF EXAMINATION: _____

DATE OF ADMINISTRATION OF THE EXAM: _____

LOCATION OF EXAM TO BE ADMINISTERED : _____

(FOR EXAMPLE- UNIVERSITY, COLLEGE, OFFICE, LIBRARY, ETC.)

STUDENT NAME: (PRINT) _____

STUDENT SIGNATURE: _____

I (NAME OF THE EXAM ADMINISTRATOR) AGREE TO ACT AS AN EXAM
ADMINISTRATOR FOR (NAME OF THE STUDENT) AS PER THE EXAM DETAILS MENTIONED
ABOVE

SIGNATURE OF THE EXAM ADMINISTRATOR _____