KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR- 680596

Phone : 0487 2207638,Fax: 0487 2207620,Email:nursingexams@kuhs.ac.in

Assessment Report for KUHS Theory Examination center

(Please put ✓ mark wherever it is Applicable)

1	**College Details**	Name of the College: Address: Website: email: Phone: Fax:
2	**Examination Hall**	Seating Capacity …….Bench/Chair Sufficient spacing between candidates :Yes / No Confidential room attached to Examination Hall : Yes / No If 'No' Location of the room ……. Distance from Examination Hall……..
3	**Confidential room**	Power points, Network Points & Telephone points provided in Confidential room : Yes / No
4.	**Other Details of Confidential room**	…….. Computer available and dedicated to this purpose …….Laser Printer is good working condition.Speed …….ppm Digital Copier Machine/Multifunctional Office Machine available:Yes/No Internet Connection available working satisfactorily : Yes / No Internet provider 1…….Speed ……. Internet provider 2…….Speed ……. NME- ICT / NKN Optical Fiber Internet connection: Yes/No ..... NME- ICT / NKN IP number: ..... VPN Setup equipments: Yes/No ..... Single Phase 2KVA(or more) UPS available : Yes / No Generator- 5KVA(or more) available : Yes / No Mobile Phone Jammer Facility available:Yes/No

		Whether Mobile Phone Jammer Facility meeting the specification given below: Yes/No Isolating Signal Bandwidth:-1.0G: 895-1000mhz, -1.2G: 1195-1300mhz, -2.4G: 2395-2500mhz, Coverage Area: up to 20 meters (Depending on the strength and type of cellular system), With additional functions like Wi-Fi, bluetooth, wireless video signal jamming, spy camera and audio bug blocking. Telephone Number with STD Code :…….. Fax No. with STD Code …….. Official Mobile Facility available (Exam Purpose): Yes / No Mobile Number :……..
5	**Preloaded computer Softwares**	Office Software Installed ? MS Office / Open Office / Others…….. PDF reader installed ? Yes / No (Kindly verify the PC) ……. Internet Browser : Mozilla Firefox/Internet Explorer /Other ……..... Compressor/Decompressor Utility : Winzip/Winrar/7Zip/Other …… Antivirus & Firewall installed ? Yes / No If ' Yes' Antivirus……..Firewall……. Other softwares Installed …….
6	**IT Person**	No.of permanent Computer staff available for this purpose ……
7	**CCTV**	Whether CCTV installed in Examination Hall(s) : Yes / No Whether CCTV is in good condition : Yes / No
8	**Any other Deficiency in the Center**	
9	**Any Other Information**	

10.	**Remarks ***	

(* Please do not specify Recommended / Not Recommended)

Signature :

Name of the Assessor :……

Date : Address:…….

……

Phone Number:…….