

ANNEXURE C

SUMMARY OF INVIGILATORS:

TO BE COMPLETED BY THE PRINCIPAL/CHIEF INVIGILATOR AND SENT TO THE CIRCUIT MANAGER FOR EACH OF THE PARTICULAR EXAMINATIONS

*** Attach a certified copy of the identity document and highest qualification for each invigilator (community members only)**

Examination: (Tick appropriate option)

- National Senior Certificate (NSC) June 2024 examination**
- NSC November 2024 examination**

Name of school/centre: _____

Centre number:

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A. APPOINTMENT OF COMMUNITY MEMBERS AS INVIGILATORS

Please complete the table below with the details of all **community members** appointed as invigilators.

FIRST NAME AND SURNAME	ADDRESS (include street numbers)	IDENTITY NUMBER (attach a certified copy)	CELL NO.	HIGHEST QUALIFICATION (attach a certified copy)	SIGNATURE OF INVIGILATOR

B. APPOINTMENT OF EDUCATORS AS INVIGILATORS

Please complete the table below with the details of all the **educators** appointed as invigilators.

FIRST NAME AND SURNAME	IDENTITY NUMBER	PERSAL NUMBER	SUBJECT/S TAUGHT	SIGNATURE OF INVIGILATOR

C. I declare that the abovementioned invigilator(s) is/are suitable, and I have satisfied myself that he/she/they will perform the invigilation duties diligently.

SIGNATURE OF CHIEF INVIGILATOR

DATE

D. Appointment(s) approved/not approved

SIGNATURE OF CIRCUIT MANAGER

DATE