

**GA GATE EXAMINATION TIMETABLE**

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| --- | --- |
| **Exam date** | DD/MM/YYYY |
| **Centre name** | Full postal address, including the center code. |
| **Exam start & finish time per unit** |  |
| **Interlocutor-Invigilator name / Interlocutor and Invigilator names\*** |  |

**\*the regularity of the exam session is the Interlocutor’s responsibility. Invigilator to candidate ratios are:**

 **- for online centre-based examinations 1:12,**

 **- for online remotely observed examinations 1:8.**

**Please complete and submit with the GA Classic Examination Application Form**

**and GA Classic Examination Candidate Spreadsheet.**