EXAM ORGANIZER

Plan today. Prepare well. Perform your best!

PERSONAL DETAILS

Name : _____

Class / Grade : _____

Section : _____

Roll No. : _____

Academic Year : _____

GOALS

What do I want to achieve?

- ○ Goal 1: _____
- ○ Goal 2: _____
- ○ Goal 3: _____

Reminder:
Discipline today, success tomorrow.

TOP PRIORITIES

Focus on what matters most.

1. _____
2. _____
3. _____
4. _____
5. _____

EXAM SCHEDULE

Date	Day	Subject / Exam	Chapters / Topics	Time	Location	Notes
__ / __ / __						
__ / __ / __						
__ / __ / __						
__ / __ / __						
__ / __ / __						
__ / __ / __						
__ / __ / __						

STUDY PLAN

Time	Activity / Subject	What to Study	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00 – 7:00 AM			☐	☐	☐	☐	☐	☐	☐
7:00 – 8:00 AM			☐	☐	☐	☐	☐	☐	☐
8:00 – 10:00 AM			☐	☐	☐	☐	☐	☐	☐
10:00 – 12:00 PM			☐	☐	☐	☐	☐	☐	☐
12:00 – 1:00 PM			☐	☐	☐	☐	☐	☐	☐
1:00 – 3:00 PM			☐	☐	☐	☐	☐	☐	☐
3:00 – 5:00 PM			☐	☐	☐	☐	☐	☐	☐
5:00 – 7:00 PM			☐	☐	☐	☐	☐	☐	☐
7:00 – 9:00 PM			☐	☐	☐	☐	☐	☐	☐
9:00 – 10:00 PM			☐	☐	☐	☐	☐	☐	☐

SUBJECT PROGRESS

Subject	Syllabus Coverage (%)	Practice Tests	Revision Done (✓)
Maths	0%	__ / __	☐
Physics	0%	__ / __	☐
Chemistry	0%	__ / __	☐
Biology	0%	__ / __	☐
English	0%	__ / __	☐
History	0%	__ / __	☐
Geography	0%	__ / __	☐
Other	0%	__ / __	☐

0% 50% 100%

TO-DO LIST

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

EXAM DAY CHECKLIST

- ☐ Admit Card
- ☐ Stationery (Pens, Pencils, Eraser)
- ☐ Calculator (if allowed)
- ☐ Water Bottle
- ☐ Watch
- ☐ ID Card
- ☐ Masks / Sanitizer
- ☐ Other: _____

NOTES

DAILY HABITS

Sleep Well | Eat Healthy | Stay Hydrated | Take Breaks | Exercise | Stay Positive

REMEMBER

Small steps every day lead to big results.

You've got this! Believe in your preparation and stay confident.