

# Guru Gobind Singh Indraprastha University Sector 16c, Dwarka, New Delhi - 110078 Website: http://ipu.ac.in

#### Form for Appointment of Evaluators

1. 2.	Name of Institution what and date from which we have of institution from the retired and date of retired and date of retired So. of Subjects taught	or which irement during current semester/ year (in words): Teaching of Acry 210k 8.52d., Inclusive of the semester of the seme
4.	Subjects taught during	current semester/ year of(Name of the programme)
	S. No. Paper Code	Subject
	1. 218 2. 132 3. 134 4. 138	Teaching of Business Studies Teaching of Accountancy Teaching of Economics
11.	PAN Number Bank Account No. IFSC Code Bank Name Residential Address Mobile No. E-Mail ID	: ARUPR 2225 F : 357301 00006206 : BARISOSHAHDA : Bank of Baroda : 16-17, Vasy Kunj, Mati Ram Road, Shahdara, Delu : 96107 44928 : Telpdish a stlawrence in
	K IS CONTROL OF THE PARTY OF TH	(Name & Signature of Evaluator)
1	t is certified that Sh./Sint	./Drfulfills the criteria for the appointment as evaluator
ť	or above mentioned subject.	ect(s) of the University for May - June, 20 24 / Nov-Dec, 20 End Term Exam.  Cor yays har Bhati  (News and signature along with seal of Head of Institution)

- Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.
- Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.

St. Lawrence College Of Higher Education Geeta Colony Facility Centre. Delhi



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### Form for Appointment of Evaluators

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1.	Name &	Designation	: Kanika Arora Asst. Projesse	<u> </u>
2.		f Institution whe	ere working : St lawrence (DILOGE OF KISTI	y Cupu 2.
		e from which wo	orking or working line 02.12.2017 #14 0	<i>∞</i>
		finstitution from		
		and date of retire		
3.	No. of S	Subjects taught d	luring current semester/ year (in words):	
4.	Subject	s taught during o	current semester/ year of (Name of the pr	ogramme)
	S. No.	Paper Code	Subject	
		120	Tanching of English Executential learning	
		108	Executential lenging	
		100	- Caponer in the second	
5.	PAN N	umber	: <u>ASEPA2875K</u>	
6.	Bank A	ecount No.	: 016000 101 565707	
7.	IFSC C	Code	: PUNBODIEI.	
8.	Bank N	lame	: Purips National Bank	
9.	Resider	itial Address	: 72A Raggarh Colony	
10.	Mobile	No.	: 9999 720 662	
11.	E-Mail	ID	: Kanika, austa 1100@ gmail. com	
		* 1 d - d baya na t	near relative appearing for the aforesaid course/ subject.	
	lt is certif	led that I have no	AZL.	ا ليحا و
			(Name & Sign	nature of Evaluator)
			C. ICIL. d for the opposi	intmant as avaluator
	lt is certi	fied that Sh./\$14.	/Dr fulfills the criteria for the appoi	intilient as evaluator
	for above	mentioned subject	ect(s) of the University for May - June, 20/ Nov-Dec, 20 End Prof (Dr) Vyayshri	Rhati
	.7		(Name and signature along with seal of	
	- Deans/	Directors / Princi copy of cheque of	ipals are requested to ensure that No of Sabjects is written in words. I evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to	o be submitted along
	with this	form.		

St. Cantence College Of Higher Education Gesta Colony Facility Centre, Delht



## Guru Gobind Singh Indraprastha University Sector 16c, Dwarka, New Delini-110078 Website: http://ipu.aic.in

#### Form for Appointment of Evaluators

	Nume & Designation	Mahima Jain (Asst Prof.)	
1.	Name & Designation	$a \rightarrow b \rightarrow $	
2.	Name of Institution whe		
	and date from which wo	2: 12 2 22	
	Name of institution from	The state of the s	
	retired and date of retir	•	
3.		during current semester/ year (in words): fout  Current semester/ year of Becl (Name of the programme)	
4.		current semester, year or	
	S. No. Paper Code	Subject	
	1. BED 132	Teaching of Accountancy	
	2' BEDISY	Teaching of Business Studies	
	3. BED 138	Teaching of Economics	
	4. BED 234	School Leadership	
11.	PAN Number Bank Account No. IFSC Code Bank Name Residential Address Mobile No. E-Mail ID It is certified that I have no i	: APQPJ8232A : 912010062354050 : UTIBOD1889 : Axis Bank : 4463, Azya Pyza, Subzi Mandi, Noxth Delki, Delki-116 : 7065759355 : Jmahima 076 @gmail. Com  near relative appearing for the aforesaid course/ subject.  (Name & Signature of Evaluator	a Join)
		/Dr. Mahima Jain fulfills the criteria for the appointment as evaluate ct(s) of the University for May - June, 2024 / Nov-Dec, 20 End Term Exam.	)r
		(Name and signature wong with seal of Head of Institution	n)

· Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.

- Deans/ Directors / Principals are requested to ensure that No of Subjects is Spritten in words.
- Photocopy of cheque of evaluator's account bearing details mentioned at Ericano, 5, 6 & 7 is to be submitted along with this form.

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### Guru Gobind Singh Indraprastha University Sector 16c, DWARKA, NEW DELHII-110078 Website: http://ipu.ac.in

#### Form for Appointment of Evaluators

1.	Name & Designation : Ms. Anshi Chandra
2.	Cl / College of Higher yourstram
	and date from which working or 2st feb - 2004
	Name of institution from which Varun Shaka Gustitute of Technology
	retired and date of retirement 16- January - 2024
<b>*</b> 3.	
4.	Subjects taught during current semester/ year of 1 (Name of the programme)
	S. No. Paper Code Subject
	B. Ed 128 Teaching of Social Science
	B. Ed 136 Teaching of Political Science
	B. Ed 142 Teaching of History
	BEd 104 Contemborary perspective in Education
	5-cd 234 School Meddership
5.	PAN Number : CHIPC 5083 J
*6.	Bank Account No. : 6146006900004729
7.	IFSC Code : YUNBO 6146 00
8.	Residential Address: No. 12164, Ragubhaspula Street No. 1, Gandhi Magar, Delhi-3.
9.	
	Mobile No. : 955 869 20 2 gmail. Com.
	Delitain 12
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Palut.
	(Name & Signature of Evaluator)
	(time & o.g.m.)
	It is certified that Sh./Smt./Dr fulfills the criteria for the appointment as evaluator
1	for above mentioned subject(s) of the University for May - June, 20 / Nov-Dec, 20 End Term Exam.  Prf. (Dr.) Uyayshri Bhati
	D. Voort
	(Name and signature along with seal of Head of Institution)
	- Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.
	- Photocopy of cheque of evaluator's account bearing details mendoned at serial no. 5, 6 & 7 is to be submitted along
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	- Deans/ Directors / Principals are requested to ensure that No of Stoffers is without in words.  - Photocopy of cheque of evaluator's account bearing details menganed at serial no. 5, 6 & 7 is to be submitted along with this form.  Geeta Colony Facility Céntre, Défini
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