

with this form.

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

Form for Appointment of Evaluators

1.	Name d	& Designation	: Deebti	WOYS YOU			
2.	Name o	ition					
	and da						
	Name o						
		and date of retin					
*3.	No. of Subjects taught during current semester/ year (in words): Two						
4.	Subject)					
	S. No.	Paper Code	Subject	7			
	7.	BED144	Teaching of Integrated Science	-			
	2.	BED 102	Learning and Teaching	1			
		· i	11 112 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
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_	D 4 37 37		Ch Tooling and				
5.	PAN N		: FKJPD4660M	•. •			
*6.		ccount No.	: 3976001500031706	- 1 e			
_	7. IPSC Code : 10 NB 0223800						
. 8.	Bank Name : Punjab National Bank						
9.	Resider Mobile	ntial Address	: AS JUBSC, Amor Colony, East Gokalbur, Shal : 9990281898	rdara New ()			
	E-Mail		: deeptisingh madhukar@gmail.com				
	It is certif	ied that I have no	near relative appearing for the aforesaid course/ subject.	ار.			
				Mest:7			
		*		(Degray)			
			(Name & Signature of Ex	aluator)			
	It is certi	fied that Sh./Smt.	/Dr. Deepti fulfills the criteria for the appointment as e	Valuator			
1	for above	mentioned subje	ct(s) of the University for May - June, 20.25 / Nov-Dec, 20 End Term Exam	1			
		7	Section of the contract of the	Higher Education			
			St. La rence College Of Secta Colony Facility	v Centre, Dellu			
			(Name and signature along with sea of Head of Ins				
	• Deans/	Directors / Princi	ipals are requested to ensure that No of Subjects is written in words.				
	** Photoc	copy of cheque of	evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted	ed along			



Guru Gobind Singh Indraprastha University

Form - El

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Form for Appointment of Evaluators

1.	Name & Designation	: Keny Rahila (Ant. Moguar- Me)					
2.	Name of Institution where working : St. Lawrence College of Highen Education						
	and date from which w	orking or (61-08-2012)					
	Name of institution from	n which					
	retired and date of reti	ement					
3.	No. of Subjects taught	luring current semester/ year (in words):					
4.		current semester/ year of (Name of the programme)					
-	S. No. Paper Code	Subject					
	1 BEDIOG	- Agreement of Looning					
	2. BED212	Knowledge and Covericulum: Perspections Ru Education					
İ		, :					
6. 7. 8. 9. 10.	PAN Number Bank Account No. IFSC Code Bank Name Residential Address Mobile No. E-Mail ID	: ARUPR 2225 F : 35 730100006286 : BARBOSH AHDA : Bank of Irolia Barroda : 16-17, Vasu kuny, Moti Ram Road, Shahdara : 96 10744928 : hufderk @ Stlawrence . Fin					
	It is certified that Sh./Smt for above mentioned subje	(Name & Signature of Evaluator) /Dr					
		(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 mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



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Form - El

Form for Appointment of Evaluators

1.	Name & Designation	: <u>kanika</u>	Arara	(Aut. Professer)	
2.	Name of Institution where	e working : St. Louw	ence College	af Highen Edu	cation
	and date from which worl		ne 02/2	2017 411 NOW	
	Name of institution from	which			
	retired and date of retiren	nen:		24.7	- j 1
3.	No. of Subjects taught du	ring current semester/ year (in w	vords): Tw	D	- 12
4.	Subjects taught during cu	<u></u>	Ed	(Name of the programm	ne)
	S. No. Paper Code	Subject	7.	3 71,	7
	1. BED 120	Teaching of	English	- 1 · 1	,
	2. BED216	Emironmental	Educate	244	
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				4-11-11	
5.	PAN Number	: A SEP A 2875K		F-12	
6.	Bank Account No.	0161000101565	5 707	1	
7.	IFSC Code	: PUNBOOIGI			
8.	Bank Name	: Kunjab National	Bank		
9.	Residential Address	: 72A Raisaoh Co	long		_
10.	Mobile No.	9999720662	0) 7	<u>_</u>
11.	E-Mail ID	: 19mbg. anora 1	100@ gn	nailcom	_
	It is certified that I have no ne	ar relative appearing for the aforesa	id course/ subject.		ĵ•i
				Youlen (10	Sanka (mora)
				(Name & Signature of	Evaluator)
	It is certified that Sh./Smt./D	r. Kanka Arosa	fulfills the	criteria for the appointment	as evaluator
	for above mentioned subject	(s) of the University for May - Ju	ne, 20 75 / Nov	v-Dec, 20End Term Ex	cam.
		(1)	Name and signary	St. Lawrence College Of a Colory Facility re plong with seal of Head of	
		als are requested to ensure that N valuator's account bearing details			nitted along



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Form - El

Form for Appointment of Evaluators

••	: I lating Jan (Hist: Professor)
2.	Name of Institution where working : St. Laurence Callege of Higher Education
	and date from which working or Dorloy Sing 01-12-2023
	Name of institution from which
	retired and date of retirement
*3 .	No. of Subjects taught during current semester/ year (in words):
4.	
	S. No. Paper Code Subject
	1 BED132 Teaching de Arementones
	The many
	2. BED 138 Teaching of Economics
	U
Į	
5.	PAN Number : APQPJ 8232A
* 6.	Bank Account No. : 912010062354050
7.	IFSC Code : UTIB 0001 889
8.	Bank Name : Arais Bank
9.	
	Residential Address: 4462, Arya Puna, Roshanana Rocal, Delhouro 27 Mobile No.: 706575935
	1003 157-50
• • • •	E-Mail ID : jmaking 076 agmailecom.
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	(Name & Signature of Evaluator)
	(Name & Signature of Evaluator)
	It is certified that Sh./Smt./Dr. Making Jain. fulfills the criteria for the appointment as evaluator
1	for above mentioned subject(s) of the University for May - June, 20 25 / Nov-Dec 20 En Term Example St. Len Term E
	Teeta Colony Facility Centre. Delhi
	(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 mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.