Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI -110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. **Name & Designation** : Deepti
2. **Name of Institution where working and date from which working or Name of institution from which retired and date of retirement** : St Lawrence College of Higher Education 16/12/2024

*3. **No. of Subjects taught during current semester/ year (in words):** Two

4. **Subjects taught during current semester/ year of** B.Ed **(Name of the programme)**

S. No.	Paper Code	Subject
1.	BED144	Teaching of Integrated Science
2.	BED102	Learning and Teaching

5. **PAN Number** : FKJPD4660M
6. **Bank Account No. : 3976001500031706
7. **IFSC Code** : PUNB0225800
8. **Bank Name** : Punjab National Bank
9. **Residential Address** : A5/485C, Amar Colony, East Gokalpur, Shahdara New Delh
10. **Mobile No.** : 9990281898
11. **E-Mail ID** : deeptisingh.madhukar@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

[Deepti]

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Deepti fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for **May - June, 2025 / Nov-Dec, 20____** End Term Exam.

St. Lawrence College Of Higher Education
Geeta 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.**

Form - EI

Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. Name & Designation : Renu Rohilla (Asst. Professor- HOD)
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : St. Lawrence College of Higher Education (01-08-2012)

*3. No. of Subjects taught during current semester/ year (in words): _____

4. Subjects taught during current semester/ year of _____ (Name of the programme)

S. No.	Paper Code	Subject
1.	BED106	Assessment of Learning
2.	BED212	Knowledge and Curriculum: Perspectives in Education

5. PAN Number : ARUPR2225F
**6. Bank Account No. : 35730100006206
7. IFSC Code : BARB0SHAHDA
8. Bank Name : Bank of India Baroda
9. Residential Address : 1617, Vasu Kunj, Moti Ram Road, Shahdara
10. Mobile No. : 9610744928
11. E-Mail ID : helpdesk@stlawrence.in

It is certified that I have no near relative appearing for the aforesaid course/ subject.

[Renu]

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Renu fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2025 / Nov-Dec, 20___ End Term Exam.

St. Lawrence College Of Higher Education
Geeta 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.

Form - EI

Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. **Name & Designation** : Kanika Arora (Ast. Professor)
2. **Name of Institution where working and date from which working or Name of institution from which retired and date of retirement** : St. Lawrence College of Higher Education Working since 02.12.2017 till now
*3. **No. of Subjects taught during current semester/ year (in words):** Two
4. **Subjects taught during current semester/ year of** B.Ed **(Name of the programme)**

S. No.	Paper Code	Subject
1.	BED 120	Teaching of English
2.	BED216	Environmental Education

5. **PAN Number** : ASEPA2875K
6. **Bank Account No. : 0161000101565707
7. **IFSC Code** : PUNB00161
8. **Bank Name** : Punjab National Bank
9. **Residential Address** : 72A, Rajgarh Colony
10. **Mobile No.** : 9999720602
11. **E-Mail ID** : kanika.arora1100@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

Kanika (Kanika Arora)

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Kanika Arora fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2025 / Nov-Dec, 20____ End Term Exam.

St. Lawrence College Of Higher Education
Geeta 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.**

Form - EI

Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI -110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. Name & Designation : Mahima Jain (Asst. Professor)
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : St. Lawrence College of Higher Education Working Since 01-12-2023
*3. No. of Subjects taught during current semester/ year (in words): Two
4. Subjects taught during current semester/ year of B.Ed (Name of the programme)

S. No.	Paper Code	Subject
1.	BED132	Teaching of Accountancy
2.	BED 138	Teaching of Economics

5. PAN Number : APQPJ8232A
**6. Bank Account No. : 912010062354050
7. IFSC Code : UTIB0001889
8. Bank Name : Axis Bank
9. Residential Address : 4468, Arya Pura, Roshanara Road, Delhi-110007
10. Mobile No. : 7065759355
11. E-Mail ID : jmahima078@gmail.com.

It is certified that I have no near relative appearing for the aforesaid course/ subject.

Mahima Jain (Mahima Jain)

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Mahima Jain. fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2025 / Nov-Dec, 20 End Term Exams.

St. Lawrence College Of Higher Education
Geeta 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.