



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16-C, New Delhi-110078 Website: www.ipu.ac.in

Annexure - F

CONDUCT BRANCH

ACCEPTANCE FOR CONDUCTING END TERM EXAMINATIONS (THEORY) (January-2023)

(PLEASE FILL ALL COLUMNS IN CAPITAL LETTERS)

1. Name of Institution : V.D.(VARUN DHAKA) INSTITUTE OF TECHNOLOGY
(Complete Address with Phone No) : KRISHAN VIHAR, NEAR SULTANPURI BUS TERMINAL,

Tel. No. : NEW DELHI Pin Code : - 110086
: 8882523711, 9856139098
Fax :
Res :
Email:- vditrd@yahoo.com

(i) Shift (Please Tick) Single Double

(ii) a) Nearest Bus Stand : SULTANPURI BUS TERMINAL
b) Nearest Police Station : SULTANPURI BUS TERMINAL
(iii) Bus Routes No : 908,944,954,937,982,569,
(iv) Nearer to some Prominent Place : ROHINI SECTOR 20 ROAD, SULTANPURI
BUS TERMINAL

2. Name of the Centre Superintendent : DR.UMA SINHA
Residential Address : 1810/9 (3rd Floor) Gali No 9,
GovindPuri Extension
Kalkaji, New Delhi 110019
Fax :
Res : 9856139098

3. Name of the Deputy Superintendent : Mr.MANISH RANA
Residential Address : H.No.158 Shahbad Daulate Pur
New Delhi - 110042
Mobile No:- 9999630474
Fax :
Res :- 8368694571

4. i. Seating Capacity : 400 (M) + 400 (E) = 800
ii. Total No. of Rooms : 12 ROOMS & 04 HALL
iii. No. of Rooms with CCTV Camera's : ALL ROOMS
iv. No. of Rooms without CCTV Camera's : N/A
v. No. of Heavy Duty Xerox Machine/ Printer etc. : YES
vi. Seating Capacity in each Room : YES
with social distancing norms((upto 20 Candidates)
vii. Alternative arrangement in case of Electricity Failure : YES (GENERATOR)
viii. Security arrangement :
ix. Number of Permanent Faculty Member (s) : 15
x. Number of Non teaching Staff : 10

5. Any other Information

Note: C.S may ensure availability/functionality of Photostal, fax, internet etc. at the institute and also smooth conduct of the examination as per norms of the University

Dated: 14/12/2022

(Signature of Director/Principal with Seal)





V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY

Recognized by : NATIONAL COUNCIL FOR TEACHER EDUCATION (NCTE)
Affiliated to : GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY, DELHI
Krishan Vihar, Near Sector-20, Rohini, New Delhi-110086
Tel. : 8882523711, 9810858750 | E-mail : vditrd@yahoo.com

Ref. No.

Dated :

TO WHOM SOEVER IT MAY CONCER

This is to certify that the Institute allow faculty members for Evaluation Work for averages to 6 -7 maximum days subject to the availability of Copy of Evaluation. Besides, this the Institute also conduct theory examination of University since last 16 years.

Principal

V.D.I.T.





V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY

Recognized by : NATIONAL COUNCIL FOR TEACHER EDUCATION (NCTE)
Affiliated to : GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY, DELHI
Krishan Vihar, Near Sector-20, Rohini, New Delhi-110086
Tel. : 8882523711, 9810858750 | E-mail : vditrd@yahoo.com

Ref. No.

Dated :

Faculty Participation In University Examination

It is hereby informed that 70% of faculty members had participated in the University Examination During 2022-2023. They had given Only evaluated the answer sheet.

Principal

V.D.I.T.





Guru Gobind Singh Indraprastha University

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

Form - E1

Paste Your Photo Here

Form for Appointment of Evaluators

- Name & Designation : ANISHI CHANDRA (Assistant Professor)
- Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Vaxun Shaka Institute of Technology
1/7/21 to till Date
- No. of Subjects taught during current semester/ year (in words): Three
- Subjects taught during current semester/ year of 2023 (B.Ed) (4th Sem) (Name of the programme)

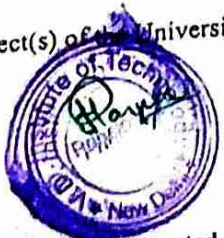
S. No.	Paper Code	Subject
1.	B.Ed 218	Creating an Inclusive School

- PAN Number : CHIPC5083J
- Bank Account No. : 6146006900004729
- IFSC Code : PUNB0614600
- Bank Name : Punjab National Bank
- Residential Address : X/2164, Ragubhaura Street No. 1, Gandhi Nagar, Delhi
- Mobile No. : 9555834282
- E-Mail ID : anishichandra001@gmail.com

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

Anishi
(Name & Signature of Evaluator)

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



Panwar
20.07.2023
(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.