ID-193

Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. Name & Designation : Dr Manju Bala (Assistant Professor)
2. Name of Institution where working : V.D.I.T
   and date from which working or : July 2023
   Name of institution from which
   retired and date of retirement
*3. No. of Subjects taught during current semester/ year (in words): Three
4. Subjects taught during current semester/ year of BED 108, 110, 116 (Name of the programme)

S. No.	Paper Code	Subject
1	BED 108	Experiential learning
2	BED 110	Entrepreneurial Mindset
3	BED 116	Teaching of Hindi

5. PAN Number : AAHPB3721A
**6. Bank Account No. : 50100461855391
7. IFSC Code : HDFC0001003
8. Bank Name : HDFC
9. Residential Address : WZ 515 Basai Darapur New Delhi-110015
10. Mobile No. : 9899694624
11. E-Mail ID : abheet8800@gmail.com

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

manju Bala

Dr. MANJU BALA
(Name & Signature of Evaluator)

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

(Dr Prince Parmar)
(Name and signature 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Centre No_____ Bill No_____

EXAMINATION DIVISION

Bill for Evaluations of Answers Script for End Term Examination May-June / Nov.-Dec., 20___

Course Code: B.Ed 106 Centre Title: _____

1. Name of Evaluator : Prince Parmar
2. Evaluator Code : 165 Employee code (for USS)_____
3. PAN Number : BGEPP1720R
4. Bank Account No. : 30376009536
5. IFSC Code : SBIN0002358 Bank Name SBI
6. Residential Address : B-18 Budh Nagar Under Puri New Delhi- 110012
7. Office Address : _____
8. Mobile No : 9868955054
9. E-mail id : _____
10. Evaluation Details :

S.N.	Date	Number of A.S. Evaluated	Conveyance Claimed	S.N.	Date	Number of A.S. Evaluated	Conveyance Claimed
1	7/6/25	30	800	6			
2	8/6/25	60	800	7			
3				8			
4				9			
5				10			
					Total		

_____ Number of A.S evaluated @ Rs. 25/- per A.S. amount workout 2250

Conveyance 1600

Remarks if any..... Total Claim 3850

Kindly deduct income tax as per applicable Income Tax Law, I will intimate my aforesaid income to my employer/I will include it in my income while calculating my Income Tax.

Prince Parmar

Name & signature of evaluator

It is certified that Sh..... was appointed as Evaluator in the aforesaid course and details of A.S. as mentioned at S.No. verified and payment of Rs. ...../- recommended in his/her favour of Sh. .....

Dealing Asstt. Signature of Centre Superintendent / DCS with date

Gross Payment Admissible : _____
TDS deducted : _____
Net Payment : _____

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector 16-C, Dwarka, New Delhi-110078

(Prof. Gulshan Kumar)
Controller of Examinations

Ph. (Off.): 011-25302259-60

File No.: GGSIPU/EXAM-BEd- Conduct/2025/19

Dated: 06.05.2025

To,

Dr. Prince Parmar
Principal
V.D.Institute of Technology krishan vihar sector 20 Rohini New Delhi-110086
9868955054
Princeparmar815@gmail.com

Subject: Appointment as Expert for Practical Examination / Viva-Voce.

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as Examiner for the Practical Examination/Viva Voce looking into your expertise as per details given below:

Date & Time	Programme Code & Course Title	Contact Person & Venue
19.05.2025 (Monday)	BED 252 :Reflection on School Experience	The Principal/Director /Dean KIRAS

You are requested to kindly spare your valuable time for conduct of Practical/Viva-Voce as per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal/Director of the Institute as mentioned above. **In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangements be made.**

The payment of Honorarium/Remuneration/ Conveyance etc will be made as per norms of the University. A proforma for filling up the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Principal/Director to process your payment.

I shall be grateful if you kindly help us in conduct of above practical examination/ viva-voce.

With kind regards,

Yours sincerely,

(Prof. Gulshan Kumar)
Controller of Examinations

Kindly inform on 011-25302259,25302260,25302261,25302262
E-mail: examconduct@ipu.ac.in

(Y.S. Kataria)
In charge-Conduct

Copy Forwarded for Kind Information
The Principals/Director

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 : Dr. S. K. Mishra, Asso. Prof.
2. Name of Institution where working : V.D. Institute of Technology
   and date from which working or — 01.07.2003
   Name of institution from which
   retired and date of retirement

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

4. Subjects taught during current semester/ year of 02 (Name of the programme)

S. No.	Paper Code	Subject
	BED106	Assessment of learning
	BED108	Experiential learning

5. PAN Number : ANAPM1176C
**6. Bank Account No. : 10483690612
7. IFSC Code : SBIN0001679
8. Bank Name : State Bank of India
9. Residential Address : RZ-110 Santosh Park Uttam Nagar N.D.-110059
10. Mobile No. : 9818059588
11. E-Mail ID : SKMISHRA.VDIT@gmail.com

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

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. S.K. Mishra 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.

(Name and signature along with seal of Head of Institution)

Principal

* 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.