

with this form.

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

#### Form for Appointment of Evaluators

1.	Name &	& Designation	: PUTA DEVI (Assilant M.)
2.	Name o	of Institution where	working : Techno Institute of Advance
9 11	and da	te from which work	
	Name o	of institution from w	
	retired	and date of retirem	
*3.	No. of S	Subjects taught duri	ing current semester/ year (in words):
4.		45 77 77	rent semester/ year of 2022 (Name of the programme) MBA and BB
	S. No.	Paper Code	Subject
	4.	HS 213	C
		TATE TO SERVE	Consumer Behaviour (MBA 2nd)
	2.	MS 107	Accounting for Manager (MBA lst.)
	3.	BBA 205	Human Resource Management (BBA 2nd)
	4	BBA 105	Financial Accounting and Analysis
5.	PAN N	umber .	BYRPD0823L
*6.		ccount No. :	41418471982
7.	IFSC C		
		7	SBTH0030432 (SBTH0030432)
8.	Bank N		State Bank of India TIAS, Hadhuban Chack, Delhi
9.		itial Address :	LAXMI DIARY, NEAR KRISHAN VIHAR, H.N.101
10.	Mobile	No. :	97291-52467
11.	E-Mail	ID :	jangrapoga 65@gmail.com
	It is certif	ied that I have no near	relative appearing for the aforesaid course/ subject.
			2018
		197	(Name & Signature of Evaluator)
	t is certif	fied that Sh./Smt./Dr.	PUJA DEVI fulfills the criteria for the appointment as evaluator
1	for above	mentioned subject(s)	of the University for May - June, 20/ Nov-Dec, 20_2 9_ End Term Exam.
			Director
		n 9	Manual Manual Advanced Advance
			(Affiliated to GGSIP University 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.



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 & Designation	: Dr. Keemo Sharing, HOD MBA		
2. Name of Institution where working : Techn Institute of Advanced Studies				
	and date from which wor			
	Name of institution from			
	retired and date of retire			
	The state of the s	ring current semester/ year (in words):		
4.	Subjects taught during co	urrent semester/ year of (Name of the programme)		
	S. No. Paper Code	Subject		
	1. BBA 207	Management Accounting		
	2 BBA 301	Income Tax Land and Practice		
5.	PAN Number	: AYUPR 2817 A		
6.	Bank Account No.	: 62040000002922		
7.	IFSC Code	: PUN130620400		
8.	Bank Name	: Punjab National Bank.		
9.	Residential Address	: UG-02, Amby CSty, Taz Mightigy Ghaziabad		
-5.25%	Mobile No.	: 9582139221		
	E-Mail ID	: reemasharma 2011 @ gmail. com.		
		- Of the state of		
	It is certified that I have no r	near relative appearing for the aforesaid course/ subject.		
		near relative appearing for the aforesaid course/ subject.		
		(Name & Signature of Evaluator)		
	It is certified that Sh./Smt.			
	for above mentioned subje	ct(s) of the University for May - June, 20 / Nov-Dec, 20 2 End Term Exam.		
		Director  Rechts Institute of Advanced Studies  (Affiliated to GGSIP University Delhi)  Madhuban Chowk, Rohini, Delhi-85		
		(Name and signature along with seal of Head of Institution)		
	. Doons/ Directors / Princ	ipals are requested to ensure that No of Subjects is written in words.		
	** Photocopy of cheque of	f evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along		



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

#### Form for Appointment of Evaluators

1. Name & Designation

: Dr. Ashutosh Bajpai, Professor

2. Name of Institution where working

: Tecnia Institute of Advanced Studies,

and date from which working or

Madhuban Chowk, Rohini, Delhi

Name of institution from which

Working Since 12th July, 2020

retired and date of retirement

\*3. No. of Subjects taught during current semester/ year (in words): 05 (Five)

4. Subjects taught during current semester/ year of 2022-23 MBA / BBA / BCA / BA J & MC (Name of the programme)

S. No.	Paper Code	Subject
1.	MS103	Quantitative Techniques
2.	MS225	Investment Analysis & Portfoliio Management
3.	BBA103	Business Mathematics
4.	BCA207	Human Values and Ethics
5.	BA (JMC) 113	Human Values and Ethics

5. PAN Number

: AFZPB5633E

\*\*6. Bank Account No.

: 20031502868

7. IFSC Code

: MAHB0001249

8. Bank Name

: Bank of Maharashtra ALIGANJ LUCKNOW Branch

9. Residential Address

: 453 E 16, Sector - 8, Rohini, Delhi - 110085

10. Mobile No.

: 9889216070 / 8887662022

11. E-Mail ID

: dr.bajpai@yahoo.com

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 Dr. Ashutosh Bajpai 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.

Director

Counts Institute of Advanced Studies

Counts Institute of Ad

(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.

(m. Ruman)



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

#### Form for Appointment of Evaluators

1.	Name &	& Designation	: Manysha sharing assistant violesson
2.	Name o	of Institution where	
	and da	te from which worl	sing or Joined on 05-09-2022
	Name o	of institution from	which
	retired	and date of retiren	nent
3.	No. of	Subjects taught du	ring current semester/ year (in words): These
4.	Subject	ts taught during cu	rrent semester/ year of BBA (Name of the programme)
	S. No.	Paper Code	Subject
	1.	BBA-201	Businers Lawy
	2.	BBA-301	Income Tax Laws and bractice
	3.	BBA-303	Production and Operations Management
10. 11.	IFSC C Bank N Reside Mobile E-Mail	Code Name ntial Address No.	IONPS9585P 41329556415  SBIN0030432  State Bank of Ordia A1, 1004, KLT Heights, Bahadurgarh, Haryana, 124505  B168140215  manishq.sharma 086814@ gmail. com  ar relative appearing for the aforesaid course/subject.  Manisha Sharing (Name & Signature of Evaluator)
			or. Hand Sharma fulfills the criteria for the appointment as evaluator (s) of the University for May - June, 20 / Nov-Dec, 2022 End Term Exam.
			Affiliated to GGSIP University Delhi-85
			(Name and signature along with seal of Head of Institution)
	-	(n (n	A STATE OF THE STA

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



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



### Form for Appointment of Evaluators

I. Name	& Designation	: Assistant Peopleuse	
2. Name	of Institution wl	here working: Jechia Institute of Advanced	
and da	te from which w	vorking or Studies	
Name o	of institution fro	AND COLORS OF THE COLORS OF TH	
retired	and date of reti	om which Date of fairing - 27 September 202	2
		during current semester/ year (in words):	
4. Subject	ts taught during	current somestant c C C	
S. No.	Paper Code	Subject (Name of the programme)	
1-	309	Goods & Surice Tax (GST).	
2:	207	Marca assure Tax (GST).	
3:	203	Management Accounting (MA)	
		Marketing Management (MM).	
	9	V	
PAN Nu	ımber	: 15APS7817D	
Bank Ac	count No.	: 50100458227928	
IFSC Co	ode	: HDFC 0000929	
Bank Na	ıme	HOPE BANK LTD.	
Resident	tial Address	23/21/ 4 21 25:	
. Mobile		9650590785 New Delhi-110015	
. E-Mail	ID		
Ja		: <u>sethiguleen 7@gmail.com</u>	
it is certifie	ed that I have no n	lear relative appearing for the aforesaid course/ subject.	
		tak.	
		epitri.	
		(Name & Signature of Evaluato	r)
It is certifie	ed that Sh./Smt./I	Dr. Gullen kaun Sethifulfills the criteria for the appointment as evaluate	
for above m		ulfills the criteria for the appointment as evaluate	or
ioi above ii	icilioned subject	t(s) of the University for May - June, 20/ Nov-Dec, 20 End Term Exam.	
		Director Advan	cod C
		Amisted to GSSIF Univ	preitu
		(Name and signature along with a war Chewk, Rohis	ii. De

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

### Form for Appointment of Evaluators

1.	Name	& Designation	: DROF. (DR.) MONIFA MEHROTRA (Profesor)
2.	Name	of Institution wl	here working
		ite from which w	Turing of the transport
	Name	of institution fro	20
	retired	and date of reti	rement 30-10-2023
<b>*3.</b>	No. of	Subjects taught	during current semester/ year (in words):
4.	Subjec	ts taught during	current semester/ year of 2022-23 (BBH) /MBD (Name of the programme)
	S. No.	Paper Code	Subject Subject
	4	BBA 103	Business For 1
	2	MS 203	Mariness Economics
	2	113 203	Management of International Business.
1			,
L			
5.	PAN No	ımber	: ANGPM1368L
6.	Bank A	ccount No.	: 065201503609
7.	IFSC C	ode	: IcIcooo 2413
8.	Bank Na	ame	: ICICI
).	Residen	tial Address	: 207A /2D SA Sadispay Karelabough Foreli Drajacry
0.	Mobile	No.	: 207A 12DISA Sadiffipur Kardabough Foreli Prajagraj
1.	E-Mail	ID	: monikas nisti @ gmail. com
11	is certific	ed that I have no n	near relative appearing for the aforesaid course/ subject.  DR. MONIGE MEILEOTEP
			( Joen C
		10.77	(Name & Signature of Evaluator)
It	is certific	ed that Sh./Smt./J	Dr. Monika 1918 hat for the appointment as evaluator
			t(s) of the University for May - June, 20 22 / Nov-Dec, 20 22 End Term Exam.
			Dispat
			Affiliated to GGGIO III
			Maduban Chows Ballist Domit

(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.



Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

#### Form for Appointment of Evaluators

ACCT. PONFECCAD

1.	Name &	& Designation	7/#3	: SHRISH	4 SINGH	ASST	PROFESSOR	
2.	Name o	of Institution when	e working	: TECNIA	INCTITUTE	OF A	DVANCED STUDIES	Alain I
	and dat	te from which wor	king or	1 12	2022 ONWA	ARDS		Media de la companya
	Name o	of institution from	which					
	retired	and date of retire	ment			-	4	
*3.	No. of	Subjects taught du	iring current s	semester/ year (	in words):3_			
4.	Subject	ts taught during c	urrent semeste	er/ year of	BA		(Name of the programme)	
	S. No.	Paper Code	Subject	-				
	1.	BBA-203	MARKE	TING MAN	ACEMENT			
	2.	BBA-103	BUCINE	SS MATHEM	SITA		<u> </u>	
	3.		BUSEN	ess Reseap	CH METHOD	ال محمد		
					7			
	Mobile E-Mail	Name ntial Address e No.	: 309, P. : B2991 : psitfe2	BANK 01 ASCHEM VE BO928 CO036@ gm	HAR COLON	Y, SAL	EMPUR PATAURA, U	UCK POW.
	it is ceru	ned that I have no i	car relative app	caring for the aro	resaid course/ sui	ojeci.	4	1. 0.
							SHRISH SINGH Z	Heinga
		- 1,					(Name & Signature of Ev	aluator)
	It is cert	ified that Sh./Smt./	Dr. Show	ish sing	fulfill	s the crite	eria for the appointment as e	valuator
	for abov	e mentioned subject	et(s) of the Univ	versity for May	- June, 20	/ Nov-De	c, 20 22 End Term Exam	
			. " ×		(Name and sig	naturea	Office to GOSP of the With seal of Head of Ins	varioed Studies iniversity Dethi

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







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

### Form for Appointment of Evaluators

	of Institution where	the state of the s
	ate from which work	king or
	of institution from w	
	d and date of retirem	
		ring current semester/ year (in words):
		rrent semester/ year of
S. No.	Paper Code	Subject
	BBA - 30 3	Production & operation Management
	BBA 107	Ploduction & operation Management. Business Economics
*		
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PAN N	Number :_	ATDPR3857H
Bank A	Account No. :_	912010002269925
IFSC C	Code :	UT180000627
Bank N	Name :_	Axis Bank Utd.
Reside	ntial Address :_	
Mobile	No. :_	Aadaish Nagas, Gali No-4 9467465621
E-Mail	ID :	Sushpasangwang Ognail. com
		. 0
It is certif	ned that I have no near	r relative appearing for the aforesaid course/ subject.
		hulpa.
		(Name & Signature of Evaluator
t is certif	fied that Sh./Smt./Dr.	O O O
	fied that Sh./Smt./Dr.	Puspa Raui fulfills the criteria for the appointment as evaluation
		O O O
		of the University for May - June, 20/ Nov-Dec, 20_2 End Term Exam.
		fulfills the criteria for the appointment as evaluator  of the University for May - June, 20 / Nov-Dec, 20 2 End Term Exam.  Director  Feest Institute of Advanced  Affiliated to GGSIP University
		of the University for May - June, 20/ Nov-Dec, 20_2 End Term Exam.



1. Name & Designation

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

### Form for Appointment of Evaluators

: DO RUCHI SRIVASTAVA

2.	Name o	f Institution where	working : TECNIA TO	STITUTE OF	- ADVANCED STU	DIES (TIAS)
	and date from which working or NEW DELHI (ROKIN)					
	Name of institution from which					
	retired	and date of retirem	ent		5.8	
3.	No. of S	Subjects taught duri	ng current semester/ year (in wor	·ds): <u>02</u> (	TWO)	
4.	Subject	ts taught during cur	rent semester/ year of 2022 -	-23 (odd )	Name of the programme)	* =
	S. No.	Paper Code	Subject	simile	<u>)</u>	
	1	BBA-205	Human Rejource 1	nanogemen.	+	
	2.	BBA-307	Entrepresenthip	Developr	ent	
					7	
				· 8		
5.	PAN N		ASYRS 12745			8
*6.		. X-1 (A-1)	00033942466169			5)
7.	IFSC C		SBIN0030432	The Control of the Co		A
8.	Bank N	Vame :	State Bank of Inc	49-		
9.	Reside		Ranjit Vihar I, See			zlhi
10.	Mobile	No. :	7607742209.	7140696 42	9	¥ ,
11.	E-Mail	ID :	SIPK3@ gedifforai	1.000		
	It is certi	fied that I have no nea	r relative appearing for the aforesaid	course/ subject.	Cas Ruchi So	RIVASTAJA.
•					(Name & Signature of Ex	
	It is cert	ified that Sh./Smt./D	. Rychi shrijastava	fulfills the crite	ria for the appointment as e	valuator
	for abov	e mentioned subject(	s) of the University for May - June	, 20/ Nov-De	c, 2012 End Term Exam	1.
					Caffillated to GGSIP Madhuban Chowk, I	dvanced Studies University Dethi)
	,		(Na	me and signature a	ong with seal of Head of Ins	stitution)
	* Deans	/ Directors / Principa ocopy of cheque of ev	ls are requested to ensure that No aduator's account bearing details r	of Subjects is writte nentioned at serial	en in words. no. 5, 6 & 7 is to be submitt	ed along





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

#### Form for Appointment of Evaluators

1.	Name & Designation	: MS. Sania Assistant Botesson
2.	Name of Institution who	ere working: Tecnia Sonstitute of Advanced Studies
	and date from which wo	orking or <u>01- Jan- 2018</u>
	Name of institution from	n which
	retired and date of retir	ement
*3.	No. of Subjects taught d	luring current semester/ year (in words):
4.	Subjects taught during	current semester/ year of (Name of the programme)
[	S. No.   Paper Code	Subject
	BCA- 103 BCA- 205	Object Oliented Programming with C++
Ì	MS-205	Managing E-business
	1913 433	The state of the s
	PAN Number Bank Account No. IFSC Code Bank Name Residential Address Mobile No.	: CTHJPS4708B : 50431961315 : Indian Bank : C-141, First floor, Captim Satishmang, Rishinagan, Rani Baga, Delhi : 9821713466
-2012004	E-Mail ID  It is certified that I have no	: Ssan'n Sachdena @ Smail 10 m  near relative appearing for the aforesaid course/ subject.
	is is continued than I have no	MS. Sama  Jama  (Name & Signature of Evaluator)
	It is certified that Sh./Smt.	./Dr fulfills the criteria for the appointment as evaluator
	for above mentioned subje	Nov-Dec, 20 23 End Term Exam.  Director  Contain institute of Advanced Studies  (Affiliated to GGS!P University Dethi)  Hadhuban Cherik, Robini, Delhi-85  (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.



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

#### Form for Appointment of Evaluators

			D C 2 1/1 "+ + P
1.		& Designation	: Dr. Saumya Bonsal (Assistant Professor)
2.		of Institution where	
3	and dat	te from which worki	ng or
	Name o	of institution from w	hich
	retired	and date of retirem	ent
*3.	No. of S	Subjects taught duri	ng current semester/ year (in words): Three
4.	Subject	s taught during cur	rent semester/ year of (Name of the programme)
	S. No.	Paper Code	Subject
	1.	BCA103	Programming using "C' Language
	20	BCA 205	Object Oriented Language using C++
	3.	BCAZII	Basics of Python Brogramman
	9		control of the state of the sta
11.	IFSC C Bank N Residen Mobile E-Mail	ccount No. : _ ode : _ ame : _ ttial Address : _ No. : _ ID : _	CADPB8062N 2747101005109 CNRB0002747 Canara Bonk Jaina Apartment, Sec-13, Robini 7982117199 Saumyab2710gmail.com relative appearing for the aforesaid course/subject.
j.	It is certif	fied that Sh./Smt./Dr.	(Name & Signature of Evaluator)  Saumya Bonsal fulfills the criteria for the appointment as evaluator
i	for above	mentioned subject(s)	of the University for May - June, 20/ Nov-Dec, 20_22 End Term Exam.
		a e	Director  Comis Institute of Advanced Stud  (Affiliated to GGSIP University De  Machuban Chowli, Robini, Delhi-

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



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

#### Form for Appointment of Evaluators

1.	Name & Designation : Ms. Sovita Netro (Assistant Bokson)
2.	Name of Institution where working : Tania Institute of Advanced Studies
	and date from which working or 29-00-2022
	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 (Name of the programme)
	S. No. Paper Code Subject
ł	I Pan 107 /10/ T. h. d. d.
-	1. BCA-107 Web Technologies
	2. BiA-301 Operating System
5.	PAN Number : AVVPN 5253 A
6.	Bank Account No. : 413932 42 53 7
7.	IFSC Code :
8.	Bank Name : State Bank of India
	Residential Address: H.No. 204 vPo Kakrola, New Delhi 110078
	Mobile No. : 8285670 825
11.	E-Mail ID :souta nehra 09 & gnail com
1	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Sarita Nehra
	Santa Nervia
	(Name & Signature of Evaluator)
т.	this contifeed that Ch (Contifee Contifee Contif
1	It is certified that Sh./Smt./Dr. Santa Nekna fulfills the criteria for the appointment as evaluator
f	for above mentioned subject(s) of the University for May - June, 20/ Nov-Dec, 20 23 End Term Exam.
	Vecnis institute of Advanced Studie
	Madhuban Chowic Robini Delta
	(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.

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

#### Form for Appointment of Evaluators

1.	Name &	& Designation	: DYBHUPENDRA BAHADUR TIMARI	
2.	Name o	of Institution where	working: (Professor), Tecnia frestitute of Advanced Stu	di
	and da	te from which work	ding or 03.06, 2022 Delli	
2	Name o	of institution from w	which	
	retired	and date of retirem	nent	
·3.	No. of	Subjects taught dur	ring current semester/ year (in words):	
4.			rrent semester/ year of 2023 - 23 (Name of the programme) &BA	
	S. No.	Paper Code	Subject	
	1.	BB A-107	Business Economics	
	21	BB N-211	Business Research Methodology	
	170		*	
	POPOL MORE DO		0 21.07 01.1.1.4	
5.	PAN N	lumber :	AGNPT 0444L	
*6.	Bank A	Account No. :	680410510003394	
7.	IFSC (	Code :	BKID0006804	
8.	Bank I	Name :	Bank of India, Mahanagar Branch, Luelenow.	
9.	Reside	ntial Address :	96, Patel Magar Yojaha Osector-D. Endiro Magar, Luci	4
10.	Mobile	e No. :	9473509687,09830001910 (U.	P
11.	E-Mai	I ID :	drobhupendra, eco @ gmail. com	
	It is certi	ified that I have no nea	ar relative appearing for the aforesaid course/ subject.	
			( Dr. Bhupendra Bahadur 41 wari)	
			(Name & Signature of Evaluator)	
	It is cert	ified that Sh./Smt./D	Bhupendra Bahadur Yiwari fulfills the criteria for the appointment as evaluator	
	for abov	re mentioned subject(	(s) of the University for May - June, 20/ Nov-Dec, 20 End Term Exam.	
			Tecnia institute of Advanced Studies	*0
			(Affiliated to GGSIP University Denti) Madhuern Chowk, Rohini, Dethi-66	
			(Name and signature along with seal of Head of Institution)	
	* Deans	s/ Directors / Principa ocopy of cheque of e	als are requested to ensure that No of Subjects is written in words. evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along	





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

#### Form for Appointment of Evaluators

3.	Name of		which			
	S. No.	Paper Code	Subject (Name of the programme)			
	1)	MS - 211	Business Analytics			
	2)	BBA- 209	POM			
	3)	BBA - 103	Business Maths			
	PAN N		BORPPO862F			
		ccount No.	30588313919			
•	IFSC C		5BIN0005226			
	Bank N		STATE BANK OF INDIA			
	Residential Address :_ Mobile No. :		9717954689			
		No.	774019659			

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Voushal Prosol 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.

Director
Secreta Institute of Advanced Studies
(Affiliated to GGSIP University Dethi)
Machuban Chowk, Robini, Dethi-85

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

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- \*\* 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 for Appointment of Evaluators

1.	Name	& Designation	77 <b>8</b> 8	Balk	rishna	Mist	189 (Asst. 1	राषी.)
2.	Name	of Institution wh	ere working	Tech	ia Prist	itute	of Adv	anced
	and da	te from which w	orking or	Stud	lies.11	S+ Au	gust 20	14)
	Name o	of institution fro	m which			(	0	
	retired	and date of reti	rement					
3.	No. of	Subjects taught	during current se	mester/ year	(in words):	wo		
4.	Subjec	ts taught during	current semester	/ year of	SAJMC	(1	Name of the prog	ramme)
	S. No.	Paper Code	Subject				• •	
- 8	1	103	Conte	mpor	ary Inc	dia:	An Over	Wen
	2	303	Med	lia Re	roarch	)		-
				A CONTRACTOR OF THE PROPERTY O				
							- 1 ×	14
5.	PAN N	umbar	BRNP	M 17	23M	I		
2002		account No.	11171	11 = 11 =	71.00			
6.			SBING	434	906			
7.	IFSC C		CHOT	00300	132	0:0		
8.	Bank N		57111	15un	KOZ LI	rdia		
9.		itial Address	C-431	MANU	ntika,	Kohil	ni Sect.	-
	Mobile		93150	211.00	24			5
11.	E-Mail	ID	: ITISTIO	unka	s w gm	zul-ce	m	
I	t is certif	ied that I have no	near relative appear	ring for the afo	resaid course/ sub	oject.	12a	wil .
							DOLLARIS	hna Mishos
							(Name & Signatur	MINE I TO THE
I	t is certif	ied that Sh./Smt.	Dr. Balki	ishna M	ish 4 fulfills			(10)
f	or above	mentioned subje	ct(s) of the Univer	sity for Mav -	June, 20 /	Nov-Dec	2022-22Fnd Tern	n Evam
		- vanua err - 430 et 2002 200 er			/		Did Ten	i Ladill.
			, <u> </u>					

Name and signature of Advanced Studies

(Name and signature of Advanced Studies)

\* 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 (2.7)

with this form.



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

#### Form for Appointment of Evaluators

	e & Designation	: RINICO SETHI
	e of Institution when	3100
	ate from which wo	rking or Rohini, New Demi
	e of institution from d and date of retire	
		urrent semester/ year (in words):
S. No.		Subject (Name of the programme)
1.	24105	Design & Graphics
2.	24209	Video Editing
3.	24307	Digital Media Marketing
Bank	Number Account No.	: BVXPS6696H : 6705382911
Bank IFSC	Account No.	: BUXPS6696H : 6705382911 : SBIN
Bank IFSC Bank	Account No. Code Name	: BVXPS6696H : 6705382911 : SBIN : SBI0070676
Bank IFSC Bank Reside	Account No. Code Name ential Address	: BVXPS6696H : 6705382911 : SBIN : SB10070676 : ASST, Shastri Nagar, New Delhi-S2
Bank IFSC Bank Reside	Account No. Code Name ential Address e No.	: BVXPS6696H : 6705382911 : SBIN : SBI0070676
Bank IFSC Bank Reside Mobil E-Mai	Account No. Code Name ential Address e No. il ID	: BVXPS6696H : 6705382911 : SBIN : SBI0070676 : ASST, Shastri Nagar, New Dalhi-Sz : 9654334766 : Vinku. Sethi999@gmail.Com
Bank IFSC Bank Reside D. Mobil L. E-Mai	Account No. Code Name ential Address e No. il ID	: BUXPS6696H : 6705382911 : SBIN : SBI0070676 : ASST, Shastri Nagar, New Dalhi-S2 : 9654334766

RINKUSETH It is certified that Sh./Smt./Dr. fulfills the criteria for the appointment as evaluator

for above mentioned subject(s) of the University for May - June, 20 23 / Nov-Dec, 20 23 End Term Example Color

Techia inetitute of Advanced Studies (Affiliated to GGSIP University Delhi) Madhuban Chowk, Rohini, Delhi-85

(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.





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

### Form for Appointment of Evaluators

1.	Name o	& Designation	: AMIT SHARMA ASSL. Prog.
2.	Name o	of Institution where	working: Tecnia Institute of Advanced Studies
	and da	te from which work	ing or 01/11/2023
	Name o	of institution from w	hich
	retired	and date of retirem	ent
3.		A75	ng current semester/ year (in words):
4.			rent semester/ year of (Name of the programme)
	S. No.	Paper Code	Subject
	1.	BA (5mc) 101	Communication: Concepts & Processes
	2.	BA (JMC) 109	Writing Skills
	3.	BA (JMC) 205	Basics of Video Camera, Lights and Sounds
	4.	BA (JMC) 207	Radio Jockeying and News Reading.
11.	IFSC C Bank N Resider Mobile E-Mail	count No. : Code : Iame : Itial Address : No. : ID :	ASOPS4219H  625901505264  ICIC0006259  ICICI Bank  G1/G29, Shalimar Garden, Ext-I,  9990388777  amitstory@yahoo.com
	it is certif	ned that I have no near	relative appearing for the aforesaid course/subject.  AmilSharma
			(Name & Signature of Evaluator)
			fulfills the criteria for the appointment as evaluator  of the University for May - June, 20 23 / Nov-Dec, 20 23 End Term Exam.  Director  Tecnta Institute of Advanced Studies  (Affiliated to GGSIP University Delhi Madbuban Chowk, Rohini, Delhi-85
			(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.



## 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 where working: Tecnia Institute of Advanced Stud
	and date from which working or 15th March, 2021
	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 (Name of the programme)
	S. No.   Paper Code   Subject
	1. BAJMC 101 Communication: Concepts & Processes 2. BAJMC 305 Event Management
	2. BAJM 305 Event Management
	3. BAJME 301 Mew Media
5. *6.	Bank Account No. : 972 1116 0000014
7.	1917 18-00 1-1
8.	Bank Name : Bank of gralia
9.	Residential Address: Mannat abantment, Flat No-4, Jogabai Cxl.
	. Mobile No. : +26309922
11.	. E-Mail ID : Shaheen bot @ gmail com
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Marks of
	(Name & Signature of Evaluator)
	It is certified that Sh./Smt./Dr. Shaken Rana 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.
	Director Studies
1.	Techia institute of Advanced Studies  (Affiliated to GGSIP University Delhi)  Madhuban Chowk, Rohini, Delhi-85
	(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.



Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

#### Form for Appointment of Evaluators

1.	Name &	& Designation	: Dr. VIPUL Partal ASSCO. Prof
2.	Name o	of Institution wh	
	and da	te from which w	orking or
	Name o	of institution fro	m which
		and date of reti	
*3.			during current semester/ year (in words): Three (03)
4.			current semester/ year of BACJMC (Name of the programme)
	S. No.	Paper Code	Subject
	1	103	CI - ContemPorary India
	2	201	OC- Development Communication
	3	305	En - Event Mgt.
			, V
11.	IFSC C Bank N Resider Mobile E-Mail	ccount No.  code  fame  ntial Address  No.	: AKEPP 1229L : 20176359174 : SRIH 0030432 : SRI   Sector - 14 Robin; : B-2/40 F.F Sector - 16 Robin; Delhi - 89 : 9013494334 : VIPULPARTAP @ REDIFFMAIL: (6 M:
	it is certii	ied that I have no	near relative appearing for the aforesaid course/ subject.
		802 F	(Name & Signature of Evaluator)
	It is certi	fied that Sh./Sm	t./Dr. VIPUL PAR TAID fulfills the criteria for the appointment as evaluator
	for above	mentioned subj	ect(s) of the University for May - June, 20/ Nov-Dec, 20_3_ End Term Exam.
			Technia teratitude of Advanced Studies  (Affiliated to GGSIP University Delhi)

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

Machuban Chowk, Rohini, Delhi-85

\* 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 - El





Form - El

Sector 16c, DWARKA, New Delhi -110078 Website: http://ipu.ac.in

### Form for Appointment of Evaluators

1.	Name &	& Designation	: MS. ADITY AGRAWAL
2.	Name o	f Institution wh	ere working: Tecnia Institute of Advanced
	and dat	e from which w	orking or <u>Studies</u>
	Name o	f institution fro	m which
	retired	and date of reti	rement
3.	No. of S	Subjects taught	during current semester/ year (in words):
4.	Subject	s taught during	current semester/ year of Jowinalism & Mals (Name of the programme)
	S. No.	Paper Code	Subject
	1=	103	Contemporary India: An Overwiew
	2.	107	Personality Development
	3 .	301	Bosics of New Media
	9		
11	IFSC C Bank N Reside Mobile . E-Mail	Name ntial Address No.	: 1838 000 (031 88522  : PUNB 0 1838 00  : Punjah National Bank, Chowk: Bagh Bahadun Mathura  : 75/2 Knichna Kunj Colony, Bhanatpungate Mathura, 281001  : 8791710272  : agrawaladity 23 agnail. com  o near relative appearing for the aforesaid course/subject.
			(Name & Signature of Evaluator)
	It is cert	ified that Sh./Sm	nt./Dr. ADITY AGRAWAL fulfills the criteria for the appointment as evaluator
	for abov	e mentioned sub	ject(s) of the University for May - June, 20/ Nov-Dec, 20_22-23End Term Exam.

Technic Institute of Advanced Studies
(Affiliated to GGSIP University Dethi)
(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.

<sup>\*\*</sup> 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



			Form for Appointment of Evaluators
1.	Name &	& Designation	. DL RAJHI YADAV, ASSISTANT PROFESSOR
2.	Name o	of Institution where v	working : TECHIA INSTITUTE OF ADVANCED STUDIES .
	and dat	te from which worki	ng or
	Name o	of institution from w	hich
	retired	and date of retireme	ent
*3.	No. of S	Subjects taught duri	ng current semester/ year (in words): Four
4.			rent semester/ year of BAJMC (Name of the programme)
ſ	S. No.	Paper Code	Subject
	1.	BA (JHC) 101	Communication: Concepts & Brocesses
	2.	BA (JMC) 203	Basics of Radio Programming and Production
	3.	BA(JMC) 303	Media Research
	4.	BA (JMC) 307	Digital Media Marketing
	Bank N Reside Mobile E-Mail	Name : : : : : : : : : : : : : : : : : : :	SBIN0016604  STATE BANK OF INDIA  1209, SUN-4, MIGSUN ROOF, RAJHAGAR EXTENSION, GHAZIABA 7065983589  daynectare tecnia @ gmail: com
	It is sorti		r relative appearing for the aforesaid course/ subject.
	it is ceru	ned that I have no near	
			(Name & Signature of Evaluator)
	It is cert	ified that Sh./Smt./Dr	Da RAJNI YADAY fulfills the criteria for the appointment as evaluator
	for abov	e mentioned subject(s	s) of the University for May - June, 20/ Nov-Dec, 20 End Term Exam.  Director  Fechia Institute of Advanced Studies (Affiliated to GGSIP University Delhi)  Madhuban Chowk, Robini, Delhi-85
167			(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.



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

Form - El

### Form for Appointment of Evaluators

1.	Name &	& Designation	working: Tecnia Institute of Advanced
2.		of Institution where	working: Tecnia Institute of Advanced
	and dat	te from which worki	ng or <u>Studies</u>
	Name o	of institution from w	hich
		and date of retirem	
3.	No. of	Subjects taught duri	ng current semester/ year (in words): Theree
4.	Subject	ts taught during cur	rent semester/ year of Journalism & Mass (Name of the programme)
	S. No.	Paper Code	Subject
	1.	BATMU-203	Basics of Radio Programming and Production
	2.	BA(JMC)-205	Basics of video camera, sound and light
	3'	BA(TM1) - 209	
			0
	IFSC C Bank I Reside Mobile . E-Mai	Name : ontial Address : e No. : I ID :	SBIN0030432 State Bank of India C-12, Divya Jyeti Apartments, Sec-19, Rohini, Delhi- 110080 9650863386  jyotii. Juptaa @ gmail. Com  ar relative appearing for the aforesaid course/ subject.  (Name & Signature of Evaluator)
			r. Tyoti Gupta fulfills the criteria for the appointment as evaluator
	for abov	ve mentioned subject(	s) of the University for May - June, 20/ Nov-Dec, 2022 End Term Exam.
-		Table 1	(Affiliated to GGSIP University Delh Madhuban Chowk, Rohini, Delhi-85
			(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.



## 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. Kajnesh. Kuman. Pandey - Assistant Probes
2.	Name of Institution where working : 180 nia 1 vy ti tute of
	and date from which working or Advances studies - Pi tom Pusa-Delli
	Name of institution from which Dak of Joiving - 1818 2020
	retired and date of retirement
*3.	No. of Subjects taught during current semester/ year (in words): 5 ( five)
\$25539 \$105	Subjects taught during current semester/ year of 2022-23 (Name of the programme) BA (Imc
4.	
	S. No. Paper Code Subject
	1. 10 1-ccp Communication: Concepts & Porce Hys
	2. BRPP.203 Basics of Radio pergramming & Produ
	3. BHM-301 Basick of Hew media
	4. DC-201 Development Commercication
29	5. BA-202 Baxicx of Advertising
5.	PAN Number : (BLT PP 8764 M)
*6.	Bank Account No. : 33152472840
7.	IFSC Code : SBIH0040252
8.	Bank Name : 5 take Bank of India
9.	Residential Address: vill + Post - madhopathi, Doobhanga - 847301
10.	Mobile No. : 9508416.511
	. E-Mail ID : noineshkumasparley a gmail com
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Loived
	(Name & Signature of Evaluator)
	(Da. Rajneth. Kuma, Pandey)
	It is certified that Sh./Sint./Dr. Requestion was force a fulfills the effects for the appointment as evaluated
	for above mentioned subject(s) of the University for May - June, 2023 / Nov-Dec, 2023 End Term Exam.
	The second secon
	Advanced Studies
	(Affiliated to GGSIP University Deihi) Madhuban Chowk, Rohini, Delhi-85
120	
	(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.



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. 2.		& Designation of Institution where v	orking: Tecnia Institute of Advanced Studies			
4.		te from which worki				
		of institution from w				
		and date of retireme				
*3.	No. of S	Subjects taught duri	ng current semester/ year (in words): Three			
4.			rent semester/ year of BA-JM (Name of the programme)			
- [	S. No.	Paper Code	Subject			
	1.	BA(1mc)201	Development Communication			
	2.		Media Research			
	3.	BA(JMC)304				
		The Action				
			41.000			
5.	PAN N	lumber :	ALHPR5155M			
*6.	Bank A	Account No. :	628801563239			
7.	IFSC (	Code :	ICIC0006288			
8.	Bank N	Name :	ICICI BANK, Kanbur Branch			
9.	Reside	ntial Address :	K-305, Nimbus Express parkview-2, chi-I, Greater Noida 201310			
10.	Mobile		8964018587			
11.	E-Mai	I ID :	Shivendy-sai @ yuhoo. com			
	It is certi	ified that I have no near	prelative appearing for the aforesaid course/subject.  Dr. Shivendy Kumay Rai			
			Dr. Shivendy Kumar Rai			
			(Name & Signature of Evaluator)			
	It is cert	tified that Sh./Smt./Dr	Shivendy Kumar Rai fulfills the criteria for the appointment as evaluator			
	for abov	ve mentioned subject(s	s) of the University for May - June, 20/ Nov-Dec, 20 End Term Exam.			
			Pirector  Fechia Institute of Advanced Studies  (Affiliated to GGSIP University Delhi  Madhuban Chowk, Rohini, Delhi-85			
			(Name and signature along with seal of Head of Institution)			
	* Deans	s/ Directors / Principa cocopy of cheque of ev	ls are requested to ensure that No of Subjects is written in words.  caluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along			



Sector 16c, dwarka, New Delhi-110078 Website: http://ipu.ac.in

### Form for Appointment of Evaluators

1.	Name	& Designation		: NITIN '	YADAV (A	ssistant Profesion	
2.	Name	of Institution w	here working	: TECNIA	TNSTITUTE	OF ANVANCED	1
	and da	te from which	working or	STUDIES	S. ROHINI .	D.O.J-23/08/202	2
	Name o	of institution fr	om which	-		000 20100	8
	retired	and date of re	tirement	_		5	
*3.	No. of	Subjects taught	t during current se	mester/ year (in wo	rds): TH	REE	
4.			g current semester			(Name of the programme)	
	S. No.	Paper Code	Subject			_ (Ivame of the programme)	
	1	201		-DATHE /			
	2	201	DEVEL	OPMENT (	OMMUNI	CATION	
	2· 3.	205	BASICS	OF VIDEO	CAMERA, S	COUND & LIGHT	
		309	MLM	APPRECIA	TION		
ļ						i	
5.	PAN No	ımber	. RHJ	PY5823	31		
6.		ecount No.	602	7155741	1		
7.	IFSC C		MAH	B 0001744			
8.	Bank N		BANK		RASHTRA	-	
9.		tial Address			MANGLET	MICH A FULL Least	. 1
	Mobile		. 890	0204407	MINGLOI	NEW DELHI-1100L	1).
	E-Mail			Ra · yadav 6	) 0. 1.	■ W 82 17 1	
				100		- Com	
I	t is certifi	ed that I have no	near relative appeari	ing for the aforesaid co	ourse/ subject.		- 14
						War Laws As A	. Jank
		E 197				NITIN YABAN UZ	degra
						(Name & Signature of Eval	uator)
It	is certifi	ed that Sh./Smt.	/Dr. NITIN	YADAV	_ fulfills the crite	ria for the appointment as eva	luator
fo	or above i	mentioned subje	ect(s) of the Univers	ity for May - June, 2	20/ Nov-De	c, 20 <u>22-23</u> End Term Exam.	
						Tecnte Institute of Advance	d Studies
	<b>S</b>		14			(Affiliated to GGSIP Univers	sity Delhi)

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

Madhuban Chowk, Rohini, Delhi-85

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



Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

### Form for Appointment of Evaluators

1.	Name	& Designation		: DHKUIL !	SHARMA	ASSI. PHOLE	seas.
2.	Name	of Institution where	working	: Tecnia Inst	itule of Ad	vanced Stud	108
	and da	ite from which work	ding or	8th Marc	h 2017.		
	Name	of institution from v	vhich	-			*3 S
	retired	l and date of retiren	ient				
3.	No. of	Subjects taught dur	ing current sem	ester/ year (in wo	rds):	Two	
4.		ts taught during cui			JMC)	_ (Name of the pr	ogramme)
	S. No.	Paper Code	Subject				
	1.	BA(JMX) 107	PD	J. Comp.			
	2.	BA(1m()305	Event	manghus	enf		9
			0-11-0		,		
5.	PAN N	umber :	CBVPS	7050Q		18	34
6.	Bank A	ccount No. :	504126	15777			- 2000-5
7.	IFSC C	Code :	IDBIOC	00R647			
8.	Bank N	ame :	Indian 1	Bank			
).	Resider	ntial Address :	A-139, UG 4	Floor, Prasha	int Vikas S	ector-14, Rohi	u. Delhi-85
10.	Mobile	No. :	98118700				
1.	E-Mail	ID :	shruti_sho	irma 1@ yal	ioo.com		
I	t is certif	ied that I have no near					
							2
						Shr	
		. 197				(Name & Signa	ture of Evaluator)
It	is certif	ied that Sh./Smt./Dr.	Shruti S	Sharma	_ fulfills the cri	teria for the appoin	tment as evaluator
fo	or above	mentioned subject(s)	of the University	y for <b>May - June</b> ,	20 <u>&amp;3</u> / Nov-D	ec, 20 <u>23</u> End T	erm Exam.
				(Nom	2	Affiliated to GGS!	ector Advanced Studies P University Dethi) C. Rohini, Dethi-85

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

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

<sup>\*\*</sup> Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



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 & Designation : M. Por yanka Singh
2.	Name of Institution where working : Tecnia Institute of Advanced Studies
	and date from which working or October, 2021.
	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 BA-IM (Name of the programme)
	S. No. Paper Code Subject
	1. BA(IM()107 Personality Development
	2. BA(IMC) 207 Radio Jockeying & News Reading
	3. BA(smi)305 Event Monagement
	- 00000 A 7 A
5.	PAN Number : IFFFS 964 FN
**6.	Bank Account No. : 34033053587
7.	IFSC Code : <u>SBIN001551</u>
8.	Bank Name : SRT Bank
9.	Residential Address: How No -166 2167, PKt-20, Sec-24, Robini - Duli-85
10.	Mobile No. : 8826726374
11.	E-Mail ID : epriganka. Singh. 1997@gmail. Com
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Dust.
	Land the second
	(Name & Signature of Evaluator)
	O hamaka Ci J
)	It is certified that Sh./Smt./Dr. Pryanka Singh fulfills the criteria for the appointment as evaluator
i	for above mentioned subject(s) of the University for May - June, 2023 / Nov-Dec, 2023 End Term Exam.
	Techia Institute of Advanced Studies  (Affiliated to GGSIP University Delhi)  Mechuban Chowk, Rohini, Delhi-85
A	(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.



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

### Form for Appointment of Evaluators

	Name & Designation : Dr. GADAL THAKUR, ASSOCIATE Profession
1.	Trainit to 2 to 5
2.	Name of Institution where working : TECNIA JNSTITUTE OF ADVANCED STUDIE
	and date from which working or 01st FEBRUARY 2022
	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 (Name of the programme)
I	S. No. Paper Code Subject
	1. BALSME)301 Basics of New Meedig
	2. BALSMIT-333 MODIGN Deseasch
	3. BATTURY-105 Basics of Design & hosphics
	4. BAISMU-109 Winting Skills
ı	
5.	PAN Number : ACBPT34-70G
*6.	Bank Account No. : 911010037936415
7.	IFSC Code : <u>UT 1/3 000 12 60</u>
8.	Bank Name : AKIS BANK LTD
9.	Residential Address: C6/402, 214 Floor, yamung lihan, Delly-53
10.	Mobile No. : 42/3/3/038
11.	E-Mail ID : Ourgot we humail. God
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Dr. Goper Hul
	(Name & Signature of Evaluator)
	It is certified that Sh./Smt./Dr./ Cop c./ Therefore fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 23 / Nov-Dec, 20 23 End Term Exam.
	Fechia Institute of Advanced Studies (Affiliated to GGSIP University Delhi)
181	Madhuban Chowk, Rohini, Delhi-85
	(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.



Sector 16c, DWARKA, New Delhi-110078 Website: http://ipu.ac.in

### Form for Appointment of Evaluators

3.	retired No, of		
	S. No.	Paper Code	Subject
t		BBA 107	Business Economics
	-1-	ROA 305	Sequices Marketing
		9BA 203	Sequices Marketing Markoling Management
B:	obile Mail	ine :_ ial Address :_ No. :_ ID :_	SCBL 003604 Standard Charteak of Bank B-97, Prachant Vihar 9891864968 MEGHASHARMA.USE GMAIL. COM relative appearing for the atoresaid course subject.
, E-			Megha Charma fidfills the criteria for the appointment as evaluator  [Nov-Dec, 2022 End Term Exam.]

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 on the thir form.

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#### Form for Appointment of Evaluators

1. 2.	Name o	& Designation of Institution where	
		te from which wor	
	- 1100	and date of retires	
*3.		Section as well as the second section and the second section and the second section as the section as the second section as the section as the section as	ring current semester/ year (in words):
4.	Subjec		rrent semester/ year of RBA, BCA (Name of the programme)
	S. No.	Paper Code	Subject
	1.	BBA-108	E-commerce
	2.	BCA-208	Software Engineering
5.	PAN N	umher	AIPPATZEAB
**6.		Account No.	0273000103125774
7.	IFSC C		: PUNB 0027300
8.	Bank N	Name	: PNB
9.	Reside	ntial Address	H-No-23 Sawan Parkextn, A shokuitar PH-3, News
10.	Mobile	No.	: 9871066460 "NEWD
11.	E-Mail	I ID	: bhasti-good 2003@yahoo-com
	It is certi	fied that I have no ne	ear relative appearing for the aforesaid course/ subject.
			-1 L
	No.		Blazz.
			(Name & Signature of Evaluator)
	It is cert	ified that Sh-/Smt./L	or. Bhasti Agganish fills the criteria for the appointment as evaluator
	for above	e mentioned subject	(s) of the University for May - June, 20 23 / Nov-Dec, 20 End Term Exam.
			(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.

Checker.



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### Form - El



### Form for Appointment of Evaluators

1.	. Name & Designation			: Dr. Jyoti			
2.	Name of Institution where working			: Tecnia Institute of Advanced Studies, Delhi			
	and da	te from which	working or	: 06-12-2022			
	Name of institution from which						
	retired and date of retirement						
3.	the state of the s						
4.	Subjects taught during current semester/ year of(Name of the programme)						
	S. No.	Paper Code	Subject				
	1	MS105	Managerial		(1)		
	2 BBA217		Environmen	Environmental Studies			
	3	BBA201	Business La	w			
	Residential Address : Malak Herher			215@gmail.com			
1			near relative appear	ring for the aforesald course/ subject.	OF Jvoti		
			and approprie		Br. Jyoti  Signature of Evaluator)  ne appointment as evaluator		
I	is certif	ied that Sh./Smt	-∕Dr. Jyoti				
fe	or above	mentioned subje	ect(s) of the Univer	sity for May - June, 20/ Nov-Dec, 2022_	Liid Telii Dami		
- 55				Direct	·		
		. 1		Fechia institute of A	dvanced Studies (Priversity Delhi)		

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



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

Form for Appointment of Evaluators

ı.	Name & Designation : Dr. Ruberna Bring (Assistant)
2.	Name of Institution where working : Techia Institute of Hawred Skylins, Polis, New De
	and date from which working or 190 Abull 2022
	Name of institution from which Sirilart Inchi tute of Management Audion
	retired and date of retirement 15: April 2022
•3.	No. of Subjects taught during current semester/ year (in words):
4.	Subjects taught during current semester/ year of (Name of the programme) BBA &MB
	S. No. Paper Code Subject
	2. ED (16207) Entrepreneurship Development Started
Ì	3. ED (BBA-20t) Entre preneurship Development
-	DICTORTIONS
5,	PAN Number : BKJPB5/07K
6.	Bank Account No. : 50100315802580
7.	IFSC Code : <u>HDFC 0000 922</u>
8.	Bank Name : HDEC BANK, I. PEXTENSION, PATPARGANI NEW DELHI-11
9.	Residential Address : H. No. F - 47, Coale No. 32, Madhy Vihay 1. PExtension No.
	Mobile No. : 99(1085093/ 8178640687
11.	E-Mail ID : dr. rubsonabano 02 09 @gmail (com
1	t is certified that I have no near relative appearing for the aforesaid course/subject. Dr. Rukarna Bano
	7.600 ng_ 1
	(Name & Signature of Evaluator)
It	is certified that Sh/Smt. Dr. Live Rubina Banasills the criteria for the appointment as evaluator
fc	or above mentioned subject(s) of the University for May - June, 20/ Nov-Dec, 20 End Term Exam.
	Termination of Assanced Studies  (Amenia GGSIP Control Delhi-85
	(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 ith this form.



with this form.

## Guru Gobind Singh Indraprastha University

Sector 16c, DWARKA, New Delin-110078 Website: http://ipu.ac.in

#### Form for Appointment of Evaluators

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1.	Name &	& Designation	:Caushing	14.07				
2.		of Institution who te from which we		dies				
	Name o	of institution from	n which fairfield Justitute of Management					
	retired	and date of retir						
•3.	No. of	Subjects taught of	luring current semester/ year (in words): Two					
4.	Subject	ts taught during	current semester/ year of BBA (Name of the programme)					
	S. No.	Paper Code	Subject	1				
	1.	201	Business Law					
	2.	203	Marketing Management					
			U G					
5.	PAN N	umber	EMPSISSIC					
*6.	20120000	ccount No.	3080000100545554					
7.	IFSC C	ode	: PUNB0308000					
8.	Bank N	ame	: Punjab National Bank					
9.	Resider	itial Address	: H. No.99, Street No.1, Viu Rangpuni, NE	1-37				
10.	Mobile	No.	: 4838994081					
11.	E-Mail	ID	: Kanishmasehnawat878 gmail.com					
	It is certif	fied that I have no	near relative appearing for the aforesaid course/ subject.					
			The state of the s	nahma				
			(Name & Signature of Eva					
			OTHER STATE OF THE					
	It is certi	fied that Sh/Smt.	Dr. Kan'sh ma fulfills the criteria for the appointment as ever	uluator				
	for above mentioned subject(s) of the University for May - June, 20 22 / Nov-Dec, 20 23 End Term Exam.							
	ted							
80	wa.	0.00	(Alliand to Advanced Studies					
1	Jens	os elega	(Name and signature along with deal of Head of Instit					
1	Denne	Director ( Dut - )		ution)				
	THE STREET	michiga Frinci	pals are requested to ensure that No of Subjects is written in words.					



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

Paste Your

		Form for Appointment of Evaluators	Prioto Here
1.	Name & Designation	: Dr. SUHALL AHTESHAM	
2.	Name of Institution where wo		~
	and date from which working		·S.
	Name of institution from whic	h	
	retired and date of retirement		
*3.	No. of Subjects taught during	current semester/ year (in words):	
4.		t semester/ year of 9092. (Name of the programme)	
- 2		ubject	
	1. BBA-101 M	languant Process & Organization Behaviour (MPGB	)
	2. BBA- 203. N	Tookfir Management (MM)	
	3. BBA - 205 H	uman Resource Manageant (HRM)	
	4. 88A - 207 E	invisonmental Studies	
5. *6.		31624356812	
_	Alt:	SBIN0004040	
7.			
8.	Bank Name :	STATE BANK OF INDIA, PRASHANT VIHAR, DELH	(.
9.	Residential Address :	455, C and D Block, Kanishka Apts, Shalin 9211413265	or Boy
	NO PROPERTY TO SECURE TO SECURE THE SECURE T	97-11413265 subail-10 may @ gnail. com	Dean - House
		100	
	It is certified that I have no near rel	ative appearing for the aforesaid course/ subject.	23
		1. 1	3/20
		13/	1.1
		(Name & Signature of Eva	luator)
]	It is certified that 8h./Smt./Dr.	UNAIL HHTESHAM fulfills the criteria for the appointment as ev	aluator
			aiuatoi
0	for above mentioned subject(s) of	the University for May - June, 20/ Nov-Dec, 20 End Term Exam.	
7	ndwar		*0
	for above mentioned subject(s) of	Director	
	13/3/20	(Name and signature along with seal of Fleat of Toxis	ed Studies rain Delhi)
	13.	(Name and signature along with seal of Head of Inst	Delhi-85

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