



Guru Gobind Singh Indraprastha University
Kashmere Gate, Delhi – 110 403

EXAMINATION DIVISION

IDENTITY CARD

Evaluator for University Examination (May 2009)

Name: _____

Father's /Husband Name: _____

Qualifications: _____

Teaching Experiences (in years) _____

Specialization _____

Contact No. (Mob.) _____ Landline _____

E-mail id: _____

Institute _____

Status (Regular/Adhoc/Visiting) _____

Programme _____

Total Experience of teaching _____

Papers Taught (during last 2 yrs):

1. _____ 2. _____

3. _____ 4. _____

(Only two options for evaluation may be indicated)

Affix. An
photograph

(Attested by
Director/principal)

I undertake that

1. I am not associated with any coaching centre.
2. None of my relative had appeared in the paper, for which I am the evaluator.

(Signature with Date)

Recommendation of Director/Principal:

Dr./Ms./Mr. _____ is recommended to
evaluate the paper (codes) _____ of the
Programme for May-2009 GGS IP University End-term examination.

Seal

Date: _____

Signature of Director/Principal

Sr. No.	Date	Programme	Paper Code	Total paper	Evaluated (Checked)	Balance	Exam. Assistant signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
Grand Total							

Received a total payment of Rs. _____ towards the remuneration of _____ copies and Rs. _____ towards conveyance.

Date: _____

Signature of Evaluator

Counter Signature of Center Supdt.
With date & Seal