



**Jagan Institute of Management Studies**

3, Institutional Area, Sector-5, Rohini, Delhi-110085

# **Institutional Support to University Examination**

## **Annexure VII**



## Jagan Institute of Management Studies

3, Institutional Area, Sector-5, Rohini, Delhi-110085

### Institutional support for University Examination 2023

S.No	Name	Designation	Paper Evaluator	Practical Examiner
1	Dr. Deepshikha Aggarwal	Professor	2	6
2	Dr. Deepak Chahal	Professor	2	2
3	Dr. Archana B. Saxena	Professor	4	2
4	Dr. Priyanka Goel	Associate Professor	2	2
5	Dr. Geeta Sharma	Associate Professor	5	6
6	Dr. Chetna Laroia	Associate Professor	4	3
7	Dr. Suman Madan	Associate Professor	4	2
8	Ms. Ankita Chopra	Assistant Professor	4	3
9	Ms. Nainika Kaushik	Assistant Professor	1	2
10	Dr. Deepti Chopra	Assistant Professor	2	2
11	Dr. Praveen Kumar Gupta	Professor	4	3
12	Mr. J.P. Singh	Professor	2	2
13	Dr. Latika kharb	Professor	4	3
14	Dr. Deepti Khanna	Associate Professor	4	2
15	Mr. Devesh lowe	Assistant Professor	4	2
16	Ms. Ruchika Sharma	Assistant Professor	4	2
17	Mr. Mohit Mathur	Assistant Professor	4	2
18	Ms. Kanika Gupta	Assistant Professor	4	2
19	Ms. Rachna Minocha	Assistant Professor	4	2
20	Dr. Isha Singh	Assistant Professor	4	2
21	Dr. Praveen Arora	Professor	2	4
22	Dr. Swaty Wadhwa	Associate Professor	1	2
23	Dr. Disha Grover	Associate Professor	2	2
24	Dr. Lokesh Jain	Assistant Professor	1	2
25	Ms. Bhavna Galhotra	Assistant Professor	4	4
26	Ms. Ankita Sharma	Assistant Professor	4	3
27	Ms. Manisha Tripathi	Assistant Professor	4	2
28	Mr. Rajkamal	Assistant Professor	4	2
29	Ms. Chandni kohli	Assistant Professor	3	3
30	Dr. Manjot Kaur Bhatia	Professor	4	4
31	Dr. Deepti Sharma	Professor	4	4
32	Dr. Shivani Vats	Assistant Professor	2	2
33	Ms. Manju Arora	Assistant Professor	4	2
34	Dr. Nitin Saraswat	Assistant Professor	4	2
35	Dr. A R Mishra	Professor		2
36	Dr. Parminder kaur Bajaj	Professor	4	2
37	Dr. R P Rustagi	Professor		
38	Dr. Richa Dabas	Associate Professor	3	2
39	Mr. Sunny Seth	Assistant Professor	4	2
40	Dr. Shivali Yadav	Assistant Professor	1	2
41	Ms. Ritu Munjal	Assistant Professor	4	2



## Jagan Institute of Management Studies

3, Institutional Area, Sector-5, Rohini, Delhi-110085

42	Dr.Rita	Assistant Professor	4	2
43	Ms. Deepali Ratra	Assistant Professor	2	2
44	Dr. Vinod Kumar	Professor	2	2
45	Dr. Amisha Gupta	Associate Professor	2	2
46	Dr. Priyanka Gandhi	Associate Professor	4	4
47	Dr. Sonal Pahwa	Associate Professor	4	2
48	Mr.Inderpreet Singh	Assistant Professor	4	2
49	Dr. J.K.Goyal	Professor		
50	Dr.Shweta Pradip Bhatia	Professor	2	
51	Dr. Sonia Dhir	Associate Professor	4	
52	Dr. Kalika Patrai	Associate Professor	2	
53	Ms. Harpreet Rakhra	Assistant Professor	2	
54	Mr.Shailender Kumar	Assistant Professor	4	
55	Ms. Neha Hudda	Assistant Professor	4	
56	Ms. Tanshi Ghai	Assistant Professor	4	
57	Ms.Himanshi Phanda	Assistant Professor	2	
58	Ms. Sheetal Gera	Assistant Professor	2	

175

118

Percentage of Faculties Participated in as Evaluator / External Examiner

95

Average No of days

5.3





# 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 : Dr. Deepshikha Agrawal (Professor)
- Name of Institution where working : JIMS - Rohini  
and date from which working or : 18 Years  
Name of institution from which retired and date of retirement
- No. of Subjects taught during current semester/ year (in words): One
- Subjects taught during current semester/ year of MCA (Name of the programme)

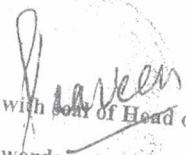
S. No.	Paper Code	Subject
1.	MCA-103	Computer Networks.

- PAN Number : AAJPA7419G
- Bank Account No. : 037104000184755
- IFSC Code : IBKL0000037
- Bank Name : IDBI Bank - Vaishali - Pitampura
- Residential Address : E-1038, Saraswati Vihar, Delhi - 110034
- Mobile No. : 9971977443
- E-Mail ID : deepshikha.agrawal@jimsindia.org

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. Deepshikha Agrawal fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 22 / Nov-Dec, 20 23 End Term Exam.

(Name and signature along with  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>

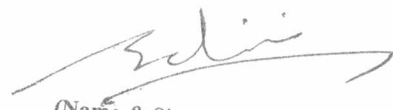
## Form for Appointment of Evaluators

- Name & Designation : Dr. Praveen K. Gupta
- Name of Institution where working : JIMS ROHINI  
and date from which working or : 27 JULY 2015 - TILL DATE  
Name of institution from which retired and date of retirement
- No. of Subjects taught during current semester/ year (in words): Three
- Subjects taught during current semester/ year of MCA (Name of the programme)

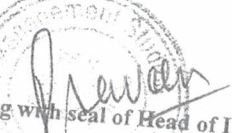
S. No.	Paper Code	Subject
1	MCA-101	Discrete Mathematics
2	MCA-103	Operating Syst Computer Networks
3	MCA-107	DBMS

- PAN Number : ADYPP 2949 B
- Bank Account No. : 0037104000255592
- IFSC Code : IBKL0000037
- Bank Name : IDBI BANK
- Residential Address : E-1022, Saraswati Vihar, Delhi-34
- Mobile No. : 8920011634, 9968291650
- E-Mail ID : onlinepg@gmail.com

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

  
(Name & Signature of Evaluator)  
**(PRAVEEN KR. GUPTA)**

It is certified that Sh./Smt./Dr. Praveen K. Gupta fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2022 / Nov-Dec, 2022 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.





**Guru Gobind Singh Indraprastha University**  
 SECTOR 16C, DWARKA, NEW DELHI - 110078 Website: <http://ipu.ac.in>

Form - E1

**Form for Appointment of Evaluators**



1. Name & Designation : Devesh Lowe (Asstt. Prof.)
2. Name of Institution where working : JIMS, Rohini  
 and date from which working or : 10 Years  
 Name of institution from which : \_\_\_\_\_  
 retired and date of retirement : \_\_\_\_\_
- \*3. No. of Subjects taught during current semester/ year (in words): Two
4. Subjects taught during current semester/ year of MCA (Name of the programme)

S. No.	Paper Code	Subject
1.	MCA-107	Database Management System
2.	MCA-109	Object oriented Programming & JAVA

5. PAN Number : ABOPL7722R
- \*\*6. Bank Account No. : 0193104000111669
7. IFSC Code : IBKL0000193
8. Bank Name : IDBI Bank
9. Residential Address : 5-A, Supriya Apartments, A-4 Paschim Vihar, ND-63
10. Mobile No. : 9810571097
11. E-Mail ID : devesh.lowe@jimsindia.org

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

*Devesh Lowe*

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Devesh Lowe fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 22 / Nov-Dec, 20 23 End Term Exam.

*Praveen*

(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. PRAVEEN KUMAR GUPTA, Professor
2. Name of Institution where working : JIMS, ROHINI  
and date from which working or : 27-07-2015
- Name of institution from which retired and date of retirement \_\_\_\_\_
- \*3. No. of Subjects taught during current semester/ year (in words): TWO
4. Subjects taught during current semester/ year of BCA/MCA (Name of the programme)

S. No.	Paper Code	Subject
1	BCA 211	BASICS OF PYTHON PROGRAMMING
2	BCA 301	OPERATING SYSTEMS
3		
4		

5. PAN Number : ADYPP2949B
- \*\*6. Bank Account No. : 0037104000255592
7. IFSC Code : IBKL0000031
8. Bank Name : IDBI BANK
9. Residential Address : E-1022, SARASWATI VIHAR, DELHI-34
10. Mobile No. : 8720011634, 9968299080
11. E-Mail ID : praveen.k.gupta@jimsindia.org

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

(Name & Signature of Evaluator)

(PRAVEEN KUMAR GUPTA)

It is certified that Sh./Smt./Dr. PRAVEEN KUMAR GUPTA fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 Jan-Feb 2023 / ~~Nov-Dec, 2022~~ 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.





Guru Gobind Singh Indraprastha University  
GGS Indraprastha University, Delhi - 110078

File No.: GGSIPU/Exam/Conduct/2023/

Date: 16/02/2023

To Whom So Ever It May Concern

It is certified that Dr. PRAVEEN KUMAR GUPTA faculty of JIMS, ROHINI has been deputed as University Representative on dated 16 Feb 2023 (F/N, A/N, Both) for Annual /Semester End Term Examination / Common Entrance Test of the University

This Certificate has been issued on the request of Dr. Praveen Gupta

Conduct Branch  
Examination Division  
G.G.S. Indraprastha University, Delhi

*Deepak Chauhan*

(Dr. Deepak Chauhan)  
Dy. Registrar (Examinations)





Form for Appointment of Evaluators



1. Name & Designation : Dr. Deepak Chahal, Projector
2. Name of Institution where working : JIMS Rohini, sector-05 &  
and date from which working or 15-07-2019  
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 BCA (Name of the programme)

S. No.	Paper Code	Subject
1	BCA-3B	Obj Based Programming
2	BCA-105	Fundamental of computer B01T
3	BCA-207	Human value Ethics.

5. PAN Number : AMRPC4413A
- \*\*6. Bank Account No. : 5037104000234474
7. IFSC Code : IBKL0000037
8. Bank Name : IDBI
9. Residential Address : #166, sector-04, Rohtak
10. Mobile No. : 9991919389
11. E-Mail ID : deepak.chahal@jimsindia.org

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

Deepak Chahal  
Dr. Deepak Chahal  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Deepak Chahal fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20\_\_\_\_ / Nov-Dec, 2022 End Term Exam.

Deepak Chahal  
(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 - E1



Form for Appointment of Evaluators

1. Name & Designation : DR. LATIKA KHARS, Professor
2. Name of Institution where working : JIMS, Rohini, Sec-5  
and date from which working or : 15-07-2013  
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 BCA (Name of the programme)

S. No.	Paper Code	Subject
	<u>BCA-307</u>	<u>SOFTWARE TESTING</u>
	<u>BCA-105</u>	<u>FIT</u>
	<u>BCA-207</u>	<u>HUMAN VALUE ETHICS</u>

5. PAN Number : BATPK4837M
- \*\*6. Bank Account No. : 00371040
7. IFSC Code : IBKL000003700234467
8. Bank Name : IDBI (Pitampura Branch)
9. Residential Address : #1447, Sector-1, Rohtak
10. Mobile No. : 9991738097
11. E-Mail ID : latika.khars@jimsindia.org

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

Latika Khars  
(Name & Signature of Evaluator)

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

for above mentioned subject(s) of the University for May - June, 2013 / Nov-Dec, 2012 End Term Exam.

[Signature]

(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

- Name & Designation : Dr. Priyanka Gandhi, Associate Professor
- Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Jagan Institute of Management Studies, Rohini  
2<sup>nd</sup> Jan 2012
- No. of Subjects taught during current semester/ year (in words): Four
- Subjects taught during current semester/ year of 2022-2023 (Name of the programme)

S. No.	Paper Code	Subject
	BBA 203	Marketing Management
	BBA 205	Human Resource Management
	BBA 305	Service Marketing
	BBA 109	IT Applications in Business

- PAN Number : AOEPG 7520B
- Bank Account No. : 163104000022349
- IFSC Code : IBKL0000163
- Bank Name : IDBI Bank Rohini
- Residential Address : BE-263, first floor, Street No. 3 Hazrat Nagar New Delhi-110064
- Mobile No. : 9818095964
- E-Mail ID : priyankapuriya@jimsindia.org

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

Dr. Priyanka Gandhi  
(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 the University for May - June, 20\_\_\_\_ / 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.





# Guru Gobind Singh Indraprastha University

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



## Form for Appointment of Evaluators

Name & Designation : Dr. Sonal Pahwa, Associate Professor  
 Name of Institution where working and date from which working or : Jagan Institute of Management Studies  
 Name of institution from which : July 2019  
 retired and date of retirement \_\_\_\_\_  
 No. of Subjects taught during current semester/ year (in words): 03  
 Subjects taught during current semester/ year of 2022-23

(Name of the programme) - BBA

S. No.	Paper Code	Subject
	BBA 205	Human Resource Management
	BBA 201	Business Research Methodology
	BBA 205	Business Ethics and Corporate Governance

PAN Number : AHQPP0934M  
 Bank Account No. : 0037104000255660  
 IFSC Code : IBKL0000037  
 Bank Name : IDBI  
 Residential Address : B-1/403, Varun Apts, Sec-9, Rohini, N. Delhi - 110085  
 Mobile No. : 9971166395  
 E-Mail ID : sonal.pahwa@jimsindia.org

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

Sonal  
 (Name & Signature of Evaluator)  
(Sonal Pahwa)

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

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

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 16-C, Dwarka, New Delhi-110078

Nair, R.  
Controller of Examinations

Ph. (Off.): 011-25302252

File No.: GGSIPU/EXAM/2023/18

Dated : 18-01-2023

To,

Chandni Kohli  
Assistant Professor  
Jagan Institute of Management Studies 3, Institutional Area, Sector-5, Rohini, Delhi-110085 phone no-  
01145184000  
9873234388  
chandni.kohli@jimsindia.org

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

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as External 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
23/01/2023 Monday	BCAP-211 & BCAP - 213 Basics of Python Programming Lab & Cyber Security Lab.	The Principal /Director/Dean

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,

(Ashok Kumar Dev  
Controller of Examinations

Kindly inform on 011-25302259, 25302260, 25302261, 25302262,  
E-mail: [examconduct@jpu.ac.in](mailto:examconduct@jpu.ac.in)

Copy forward for kind information:-

1. The Principal Director.
2. Guard file



## Spot Evaluation centre

BBA/BBA(CAM)/BBA (B&I)

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Bharna ID no. 278  
has evaluated the answer sheets of code 180 at this centre  
on the dates mentioned below:

6/3/23	7/3/23								

Manoj Kumar Sharma  
Section Officer

Guru Gobind Singh Indraprastha University  
(Evaluation Centre-03)  
Sec-16 C, Dwarka, New Delhi-110078

Room No. C-317, C-Block,  
GGS IP University





Form for Appointment of Evaluators

1. Name & Designation : Manjot Kaur Bhatta, Professor
2. Name of Institution where working : JIMS, Sec-5, Rohini  
and date from which working or : 01/08/2012  
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 \_\_\_\_\_ (Name of the programme)

S. No.	Paper Code	Subject
1	BCA-306	Linux Environment
2	BCA-204	Software Engineering
3	MCA-104	Object oriented Software Engineering.

5. PAN Number : \_\_\_\_\_
- \*\*6. Bank Account No. : 037104000131698
7. IFSC Code : IBK10000037
8. Bank Name : IDBI
9. Residential Address : # 234, Ncelkanth Apts, Sec-13, Rohini
10. Mobile No. : 9810555592
11. E-Mail ID : manjot.bhatta@jimsindia.org

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

(Manjot Kaur Bhatta)  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Manjot Kaur Bhatta fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2022 Nov-Dec, 2023 End Term Exam.

(Signature)  
(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 - EI



## Form for Appointment of Evaluators

- Name & Designation : Dr. Anurag B Saxena
- Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : JIMS, Rohini Sector-5  
Oct' 2004 onwards.
- No. of Subjects taught during current semester/ year (in words): Java Programming, FSD (2)
- Subjects taught during current semester/ year of \_\_\_\_\_ (Name of the programme)

S. No.	Paper Code	Subject
1	BCA-202	Java Programming
2	MCA-114	FSD

- PAN Number : BG6PS8942A
- Bank Account No. : \_\_\_\_\_
- IFSC Code : \_\_\_\_\_
- Bank Name : \_\_\_\_\_
- Residential Address : \_\_\_\_\_
- Mobile No. : \_\_\_\_\_
- E-Mail ID : anurag.b.saxena@jimsindia.org

It is certified that I have no near relative appearing for the aforesaid course/ subject. anuragb.saxena@gmail.com

*Anurag B Saxena*

(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 the University for May - June, 20\_\_\_\_ / Nov-Dec, 20\_\_\_\_ End Term Exam.

*Anurag B Saxena*

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

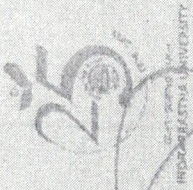
\* Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.  
\*\* Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.







GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
 "A State University established by the Govt. of NCT of Delhi"  
 Sector 16-C, Dwarka, New Delhi-110-078



BBA/BBA(B&I)/BBA(CAM)

FD-87

Spot Evaluation Centre-No.-3

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof Sunny Seth

has evaluated the answer scripts of paper code BBA-202, BBA-104

on dated 11<sup>th</sup>, 12<sup>th</sup>, 24<sup>th</sup>, 25<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> July, 2023

(Total 6 days)



*[Signature]*  
28/7/23

Additional Centre Superintendent  
 Spot Evaluation Centre-3

LEAVE APPLICATION

Date: 28<sup>th</sup> July 2022

Name: Ankita Chopra

Department/ Designation: Asst. Prof (IT)

Leave Duration: From 19<sup>th</sup> July To 24<sup>th</sup> July for 6 days

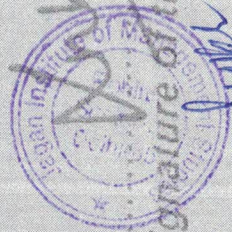
Purpose: Summer break

Classes adjusted or not: No classes

Leave Category: SL

(\*only for Teaching staff; SL-Summer Leave)

  
(Signature of the applicant)



(Sanctioning Authority)

Prof Gulshan Kumar  
Controller of Examinations

File No. GG/NPU/EXAM/Conduct/2023/

To: Mrs. Ankita Chopra  
9650021218

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
01/07/2023	BCA-212	To Principal/Director /Dean
	Introduction to Data Science Lab.	IITM

You are requested to kindly spare your valuable time for conduct of Practical/Viva-Voce as per venue mentioned above. The names of the candidate 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.

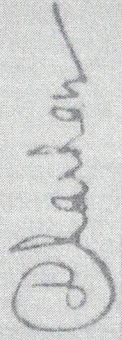
With kind regards,

Yours sincerely,

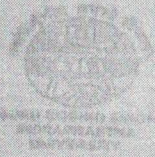


  
(Prof. Gulshan Kumar)  
Controller of Examinations

Kindly inform on 011-25302259-60  
E-mail: examconduct@gsu.ac.in



Dated: 26/06/2023



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

(Prof. Gulshan Kumar)  
Controller of Examinations

PL. (Off): 011-25302259-60

File No.: GGSIPU/ECAM- Conduct/2023/

Date: 03.07.23

To: **Dr. Suman Mathan - JIMS (Rohini)**  
PH: 9654264353  
Subject: Appointment of 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
05.07.2023	DBMS LAB	To Principal/Director/Dean TIPS, Dwarka


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 011-25302259-60,  
E-mail: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)





GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
 "A STATE UNIVERSITY ESTABLISHED BY THE GOVT. OF NCT OF DELHI"  
 SECTOR-14C, DWARKA, NEW DELHI - 110 078

25

Prof. Gurbachan Kaur  
 Controller of Examinations  
 PWA No. (CGSP)/EGAN/Contd/2022

Ph. No. 26102000  
 25/07/23

To: Dr. Gaurav  
JIMS  
9644244303

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 holding into your expertise as per details given below:

Date & Time	Programme Code & Course Title	Examiner Person & Venue
27/07/2023 (10:00 AM onwards)	BBA (GAM-214) Python Lab.	To Dean/Director/Principal IIMT Gurgaon

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 other 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 intimated 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 preference for filing up the remuneration bill is available with the Institute which may kindly be filed up and copy be submitted to the Principal/Director to process your payment.

It shall be grateful if you kindly help us to conduct of above practical examination/ viva voce.

With kind regards,

Yours sincerely,  
  
 (Prof. Gurbachan Kaur)  
 Controller of Examinations

Kindly inform on 011-25902259.  
 E-mail: examandrc@iipa.ac.in

(Dr. Deepak Datta)  
 Dy. Registrar, IIP



# Spot Evaluation centre-5

ETL-318 -319(BCA/MCA/B.ED/BA(ECO)/BA(ENG) Programme

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr. /Ms./Mrs./Ms. PRAVEEN K.R. GUPTA E-16  
has evaluated the answer sheets of code B.C.A. - 302 ID no. .... at this centre  
on the dates mentioned below:

8-7-23	10-7-23	21-7-23							



verified by:

Signature of the Controller (Examination)  
Guru Gobind Singh Indraprastha University  
Dwarka, New Delhi

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

Dr. Deepa Choudhary  
Executive Director

PL. (P/1) 011-2630239-69

File No. 940/P/1/2023/Conduct/2023/

Dated: 23-06-23

**Dr. Deepa Sharma**  
JIMS, Rohini  
9891596040

Subject: Application for Practical Examination / Viva-Voce

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:

Exam Date	Programme Code & Course Title	Contact Person & Venue
23-06-2023	BCA 352 : X Linux Lab	JIMS VIPS-TC

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 you are unable to appear in the examination as you are unable to be available for the conduct of Practical examination / Viva-voce, you are requested to kindly intimate the same to the Director / Principal of 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 request for filing of the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Director, University to process your payment.

It will be grateful if you kindly help us in conduct of above practical examination / Viva-voce.

Yours sincerely,

*(Signature)*  
(Prof. Gulshan Kataria)  
Controller of examinations

*(Signature)*

(Dr. Deepa Choudhary)  
Dr. Registrar/Conduct



**GURU GOBIND SINGH INDRAPRASTH UNIVERSITY**  
Sector 16-C, Pwara, New Delhi - 110028

Practical Examination Number:  
For the student of Examination year

PR (005) 011-2550219-44

For the year 2022/2023 Conduct/2023/

Date: 23-06-23

To: **Dr. Deepika Shrivastava**  
**VIPS, Rohini**  
**1131596040**

Subject: Appointment as Expert for Practical Examination / Viva Voce

Sir,

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

Exam Date	Programme Code & Course Title	Contact Person & Office
28-06-2023	BCA 356 - MAJOR PROJECT	To: Principal/Director/Dean VIPS-TC

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/Den as mentioned above. In case any of your close relation is appearing in the examination as you are not able to appear your name for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Controller of Examinations in the University so that suitable alternative arrangements be made.

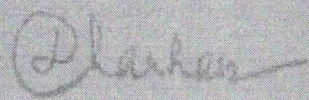
The payment of Honorarium/Remuneration/ Conveyance etc will be made as per norms of the University. A bill for the same for remuneration bill is available with the Institute which may kindly be filled up and may be forwarded to the Principal/Director to process your payment.

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

With kind regards

Yours sincerely,

  
(Prof. Gulshree Kishor)  
Controller of examinations



(Dr. Deepika Shrivastava)  
Dr. Registrar, Conduct

Phone: 011-2550219-44  
Website: www.ggsindraprastha.ac.in



Employee Designation

F.T. / Professor

Leave Duration

From 17<sup>th</sup> To 20<sup>th</sup> for 4 days

Purpose

Personal

Number of days

SL

Leave Category  
(CL/EL/PL/HS/SL)

(Only for teaching staff, SL-Summer Leave)

*[Handwritten Signature]*

(Signature of the applicant)

*[Handwritten Signature]*

(Sanctioning Authority)





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

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

(Prof. Gulshan Kumar)  
Controller of Examinations

Dated: 23/06/2023

File No.: GGSIPU/EXAM- Conduct/2023/

To, Dr. Archana B. Saxena  
Professor (JIMS-R)  
9818554220

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
09: A.M. Onwards 30/06/2023	BCA-274 SE Lab.	To Principal/Director /Dean 117M

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.

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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 011-25302259-60,  
E-mail: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)



(Dr. Deepa Chauhan)  
Dy. Registrar, Conduct