



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37001 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dole Balaji**  
Lecturer in Commerce  
Sri Chaitanya Degree College  
3-17 Main Road

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37002 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Pendyala Suresh**  
Lecturer in Commerce  
Mathru Sri Degree College For Women  
Bheemaram

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37003 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Ch.Sridhar**  
Lecturer in Commerce  
Vaasavi Degree College  
Bhupalapally

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37004 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Gullapalli Chiranjeevarao**  
Lecturer in Commerce  
Siddartha Degree College  
Bhupalapally

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37005 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs `Nookala Geethanjali**  
Lecturer in Commerce  
S R K Degree College  
Cherial Wgl

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37006 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Nilofer Farheen**  
Lecturer in Commerce  
Mahaboobia Panjethan Deg. College  
Gorrekunta

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37007 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs A. Srinivas**  
Lecturer in Commerce  
Bhadruka Degree College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37008 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Ch Gopalakrishna**  
Lecturer in Commerce  
Sri Arunodaya Degree & P.G.College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_





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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37009 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dr. A. Suresh**  
Lecturer in Commerce  
Univ. Arts & Science College  
Hanamkonda

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37010 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dr. Mayuri Srivastava**  
Lecturer in Commerce  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37011 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dr. S. Swamy**  
Lecturer in Commerce  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37012 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

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9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dr. S.N.SANGEETHA**  
Lecturer in Commerce  
University College For Women  
Hanamkonda

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37013 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Dr.K.BHAGYALAKSHIMI**  
Lecturer in Commerce  
University College For Women  
Hanamkonda

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37014 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs J. Rajani**  
Lecturer in Commerce  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37015 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs K. Phanindra Kumar**  
Lecturer in Commerce  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37016 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs T. Haritha**  
Lecturer in Commerce  
Kakatiya Mahila Degree College  
Hanamkonda

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_





OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37017 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs K.Revathi**  
Lecturer in Commerce  
Masterji Deg.&P.G.Coll.  
Hunter Road

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37018 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Mahesh Kadhirem**  
Lecturer in Commerce  
Vikas Degree College  
Jangaon

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37019 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Sreekanth Porandla**  
Lecturer in Commerce  
A B V Degree College  
Jangaon

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37020 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G.Kalpana**  
Lecturer in Commerce  
Vaagdevi Degree College  
Kishanpura

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

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**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37021 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs S.Sumalatha**  
Lecturer in Commerce  
Vaagdevi Degree College  
Kishanpura

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37022 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Mr.K.Suresh**  
Lecturer in Commerce  
Bharathi Degree College  
Kothawada

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37023 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Shabana Begum**  
Lecturer in Commerce  
Padmavathi Mahila College  
Kothawada

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37024 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**

**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

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2. Each examiner should value 30 scripts per session.
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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Syed Minvaz Aneez**  
Lecturer in Commerce  
Bharathi Degree College  
Kothawada

-----  
**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_





OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

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**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37025 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Amma Raju**  
Lecturer in Commerce  
Ganapathi Degree College  
Mahadevpur Road

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37026 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Chandramouli G**  
Lecturer in Commerce  
Sri Gayathri Deg.College  
Mulugu X Road

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37027 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G.Swapna**  
Lecturer in Commerce  
Lal Bahadur College  
Near Mulugu Road

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
\_\_\_\_\_



OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37028 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs K.Swathi**  
Lecturer in Commerce  
Lal Bahadur College  
Near Mulugu Road

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
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OFFICE OF THE CONTROLLER OF EXAMINATIONS  
KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 280/Spot/Exams/KU/2016

Date: 19-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

**Sub:** - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M. – Supplementary Examinations 2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Auditing (Examiner No: 37029 )** for the valuation of III year Answer scripts of B.A/BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 19-12-2016, 02.00 pm to 06.00 pm**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the following:

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders is sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Vanakuri Sathish**  
Lecturer in Commerce  
Gayatri Degree College  
Pasara

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**Declaration**

My relative is appearing/not appearing for this examination. I accept/do not accept the assignment.

**Address**  
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