



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

No. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48001)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Kuchana Sambasivudu**  
Lecturer in Commerce  
S.R.Degree & P.G.College  
Balasamudram

.....  
**Declaration**

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

**Address**

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\_\_\_\_\_



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

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**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48002)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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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.Praveen Kumar**  
Lecturer in Commerce  
Kanishka Degree College For Women  
Bheemaram

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48003)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
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9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs J.Suryaprakash**  
Lecturer in Commerce  
Kanishka Degree College For Women  
Bheemaram

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48004)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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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 Mohammad Rabbani**  
Lecturer in Commerce  
Mahaboobia Panjethan Deg. College  
Gorrekunta

.....  
**Declaration**

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

**Address**

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\_\_\_\_\_



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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48005)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Saleem Aktar Shareef**  
Lecturer in Commerce  
Mahaboobia Panjethan Deg. College  
Gorrekunta

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48006)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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.
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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 B Vijaykumar**  
Lecturer in Commerce  
Sri Arunodaya Degree & P.G.College  
Hanamkonda

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48007)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Kondapalli Narasimha Rao**  
Lecturer in Commerce  
New Science Degree College  
Hunter Road

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48008)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 02.00 pm to 06.00 pm**

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

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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 Vennam Raju**  
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**

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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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2016 - Appointment of Examiner – Reg.

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48009)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Mukka Vijay Kumar**  
Lecturer in Commerce  
Vikas Degree College  
Jangaon

.....  
**Declaration**

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

**Address**

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2016 - Appointment of Examiner – Reg.

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I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48010)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Ramadevi K**  
Lecturer in Commerce  
Vikas Degree College  
Jangaon

.....  
**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 **Financial Accounting - I (Examiner No. 48011)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 02.00 pm to 06.00 pm**

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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs A. Cheralu**  
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**

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\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48012)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs K. Soujanya**  
Lecturer in Commerce  
Aurora Degree College  
Kishanpura

.....  
**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 **Financial Accounting - I (Examiner No. 48013)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 M. Venugopal**  
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**

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\_\_\_\_\_



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

No. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48014)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Manda Ravi Kumar**  
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**

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

No. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48015)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Goddeti Kalyani**  
Lecturer in Commerce  
A V V Degree College  
Mattewada

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48016)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 E Venkata Apparao**  
Lecturer in Commerce  
Maharshi Degree College  
Mulugu

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

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**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48017)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Sudhakar Tadaka**  
Lecturer in Commerce  
Maharshi Degree College  
Mulugu

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48018)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 Konda Surender**  
Lecturer in Commerce  
Sri Rama Krishna Degree College  
Narsampet

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48019)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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.
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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 Mohammad Javid**  
Lecturer in Commerce  
Sri Rama Krishna Degree College  
Narsampet

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48020)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
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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 Thirupathi Kethavath**  
Lecturer in Commerce  
Maharshi Degree College  
Palakurthi

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

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**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48021)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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.
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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 V.S.Umadevi**  
Lecturer in Commerce  
Govt. Degree College  
Rangshaipet

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48022)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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 G Kaladhar**  
Lecturer in Commerce  
Gouthami Degree College  
Thorrur

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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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48023)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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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 Sravan Kumar Kandi**  
Lecturer in Commerce  
S V S Deg. & P.G.College  
Vidyaranyaपुरi

.....  
**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. 248/E2/UG/ KU/2016/Spot

Date: 09-12-2016

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**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as **Examiner** in **Financial Accounting - I (Examiner No. 48024)** for the valuation of I year Answer scripts of B.Com Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 10-12-2016, 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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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 Gaddam Raju**  
Lecturer in Commerce  
Avanthi Degree College  
Zafargud

.....  
**Declaration**

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

**Address**

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