



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

No. 226/1/Spot/Exams/KU/2016

Date: 19-11-2016

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - BA/ 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 **Mathematics - II (Examiner No. 18006)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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 are 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 A. Koteswar
Lecturer in Mathematics
C K M Arts & Science College
Desaipet

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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Sub: - K.U. Examination Branch (UG) - BA/ 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 **Mathematics - II (Examiner No. 18007)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
Venue: Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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- 3 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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9. **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 Mathematics
R D Women`S Degree 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 **Mathematics - II (Examiner No. 18072)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
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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.
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs Ch.Swapna
Lecturer in Mathematics
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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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 18079)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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 Chinthanoori Yugandhar
Lecturer in Mathematics
Nalanda Degree College
Mahabubabad

Declaration

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

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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 19025)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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.
5. A copy of the orders are 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).
12. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs G Rajkumar
Lecturer in Mathematics
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 **Mathematics - II (Examiner No. 19027)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
Venue: Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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- 7 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 are 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).
13. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs G. Narmada
Lecturer in Mathematics
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 **Mathematics - II (Examiner No. 19033)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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.
5. A copy of the orders are 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).
14. **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.Srikanth
Lecturer in Mathematics
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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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 19059)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
Venue: Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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15. **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 Jatothu Shankar
Lecturer in Mathematics
Govt. 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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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 19079)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
Venue: Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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16. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs K.Yakaiah
Lecturer in Mathematics
Vidya Jyothi Deg.&P.G.College
Stn. Ghanpur

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 **Mathematics - II (Examiner No. 20010)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
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17. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs M Rama
Lecturer in Mathematics
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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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20024)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
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18. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs Mahrunisa Begum
Lecturer in Mathematics
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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I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20090)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm
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for CONTROLLER OF EXAMINATIONS

To
Mr/Mrs Sameena Afreen
Lecturer in Mathematics
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 **Mathematics - II (Examiner No. 20094)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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 Sd. Asma
Lecturer in Mathematics
Masterji Deg.& P.G.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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* * *

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20116)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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.
- 15 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 are 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).
21. **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 Uma Rani Nalumachu
Lecturer in Mathematics
A V V Degree College
Matewada

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. 226/1/Spot/Exams/KU/2016

Date: 19-11-2016

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - BA/ 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 **Mathematics - II (Examiner No. 20137)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
22. **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. Ravi Kumar
Lecturer in Mathematics
Univ. Arts & Science 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. 226/1/Spot/Exams/KU/2016

Date: 19-11-2016

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - BA/ 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 **Mathematics - II (Examiner No. 20138)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

Date & Time of commencement of Valuation: 20-11-2016, 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.
- 17 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 are 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).
23. **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. Sowjanya
Lecturer in Mathematics
Goutham Degree College,
Kishanpura, HNK.

Declaration

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

Address
