



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

No. 716/Spot/Exams/KU/2017

Date: 13-11-2017

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M – Supplementary Exams 2017
- Appointment of Examiner – Reg.

* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8002**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. **HE 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. Kavitha
Lecturer in Political Science
Govt Pingle College for women
Hanamkonda

Declaration

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

Address

Signature



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I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8004**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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).
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9. Only Local Conveyance will be paid

for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. B. Santhosh Kumar
Lecturer in Political Science
Govt Degree College,
Rangasaipet

Declaration

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

Address

Signature



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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science (Examiner No. POL8010)** for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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

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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. D. Padmavathi
Lecturer in Political Science
Govt Pingle College for women
Hanamkonda

Declaration

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

Address

Signature



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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8012**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. G. Krishnaiah
Lecturer in Political Science
Univ. Arts & Science College
Hanamkonda

Declaration

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

Address

Signature



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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8015**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. K. Sridevi
Lecturer in Political Science
A S M Degree College
Warangal

Declaration

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

Address

Signature



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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science (Examiner No. POL8016)** for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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).
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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. Dr. K. Veeraswamy
Lecturer in Political Science
Univ. Arts & Science College
Hanamkonda

Declaration

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

Address

Signature



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* * *

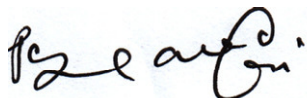
I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8025**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. G. Rajendar
Lecturer in Political Science
Bharathi Degree college
Wardhannapet

Declaration

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

Address

Signature



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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science (Examiner No. POL8028)** for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. G. Vijaya
Lecturer in Political Science
Govt Degree College
Thorrur

Declaration

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

Address

Signature



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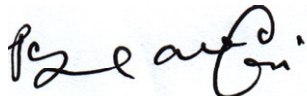
I am pleased to inform you that you are appointed as **Examiner** in **Political Science (Examiner No. POL8031)** for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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

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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. K. Kumara Swamy
Lecturer in Political Science
A B V Govt Degree College
Jangaon

Declaration

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

Address

Signature



OFFICE OF THE CONTROLLER OF EXAMINATIONS
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- Appointment of Examiner – Reg.

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I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8035**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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

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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. K.Mallesham
Lecturer in Political Science
Govt Degree College
Hanamkonda

Declaration

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

Address

Signature



**OFFICE OF THE CONTROLLER OF EXAMINATIONS
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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8044**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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

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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. P. Devapriyudu
Lecturer in Political Science
Govt Degree College
Mahabubabad

Declaration

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

Address

Signature



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I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8045**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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for **CONTROLLER OF EXAMINATIONS**

To
Mr/Mrs. P. Sambashiva Rao
Lecturer in Political Science
Govt Degree College
Hanamkonda

Declaration

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

Address

Signature



OFFICE OF THE CONTROLLER OF EXAMINATIONS
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* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8047**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 pm to 06.00 pm

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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. **HE 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. Ranikotte
Lecturer in Political Science
L B Degree College
Warangal

Declaration

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

Address

Signature



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

No. 716/Spot/Exams/KU/2017

Date: 13-11-2017

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M – Supplementary Exams 2017
- Appointment of Examiner – Reg.

* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8056**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. **HE 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. Sriram Venkata Swamy
Lecturer in Political Science
Lal Bahadur College
Warangal

Declaration

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

Address

Signature



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

No. 716/Spot/Exams/KU/2017

Date: 13-11-2017

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.M – Supplementary Exams 2017
- Appointment of Examiner – Reg.

* * *

I am pleased to inform you that you are appointed as **Examiner** in **Political Science** (**Examiner No. POL8060**) for the valuation of I, II & III year Answer scripts of B.A. Supplementary Examinations, held in October/November- 2017.

Date & Time of commencement of Valuation: 14-11-2017, 03.00 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. **HE 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. Vidyasagar
Lecturer in Political Science
Vidya Jyothi Degree College
Stn.Ghanpur

Declaration

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

Address

Signature