



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

No.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10027**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs PARASHARAM RANGA CHARY
Lecturer in TELUGU
MAHABOOBIA PANJETHAN DEG. COLLEGE,
GORREKUNTA

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10089**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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To
Mr/Mrs DR. CHIRRA RAJU
Lecturer in TELUGU
UNIV. ARTS & SCIENCE COLLEGE, HANAMKONDA

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I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10090**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs DR. K. SADASHIV
Lecturer in TELUGU
UNIV. ARTS & SCIENCE COLLEGE, HANAMKONDA

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To
Mr/Mrs KARTHEEK KUKKALA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, PALONCHA

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(**Examiner No.10082**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs V. SRILATHA
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,BHUPALPALLI

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I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10107**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs G. Narsaiah
Lecturer in TELUGU
A B V DEGREE COLLEGE,

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I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10033**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs E SHYAM SUNDER GOUD
Lecturer in TELUGU
VASHISHTA DEGREE COLLEGE, MANJULAPUR(V),
NIRMAL

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I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10056**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs KOTEREU VIJAYAKUMARI
Lecturer in TELUGU
JALAGAM VENGAL RAO PRAGATHI DEGREE
COLLEGE, KUSUMA

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(**Examiner No.10102**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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To
Mr/Mrs K. YAKAIAH
Lecturer in TELUGU
LAL BAHADUR COLLEGE,

CONTROLLER OF EXAMINATIONS

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To
Mr/Mrs MACHIKA LAVANYA
Lecturer in TELUGU
SIDDARTHA DEGREE & P.G COLLEGE,

CONTROLLER OF EXAMINATIONS

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To
Mr/Mrs CH. SURYAPRAKASH
Lecturer in TELUGU
AURORA DEGREE COLLEGE, KISHANPURA,
HANAMKONDA

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To
Mr/Mrs KURAPATI PAVANI
Lecturer in TELUGU
KRISHNAVENI SAAHITHI DEGREE COLLEGE,
LAKSHMIDEVIPALLY, KOTH

CONTROLLER OF EXAMINATIONS

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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs BADA SURESH
Lecturer in TELUGU
SRRRI VIKAS DEGREE COLLEGE

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10083**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs BARPATI. RAJITHA
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,KHAMMAM

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10079**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs G. PUSHPALATHA
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,WARANGAL(EAST)

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10015**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs MEDAVENI MAMATHA
Lecturer in TELUGU
SRI ARUNODAYA DEGREE & P.G.COLLEGE,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10108**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs Dulam Swaroopa
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,WARANGAL(EAST)

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10081**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs VIJAYA VADLAKONDA
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,WARANGAL(WEST)

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10068**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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the Chief Examiner. Remuneration and other allowances will be paid as per University Norms. Kindly note the
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs S VENKATESHWARLU
Lecturer in TELUGU
KANISHKA DEGREE COLLEGE FOR WOMEN,
BHEEMARAM

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10085**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs MARA JYOTHI
Lecturer in TELUGU
TELANGANA TRIBAL WELFARE R D C(GIRLS),
ASIFABAD, KOMURAMBHEEM ASIFABAD
DISTRICT

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10052**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs ADEPU NARESH KUMAR
Lecturer in TELUGU
VAAGDEVI DEGREE COLLEGE, BOATH

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10022**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs PODILI SRINIVASA RAO
Lecturer in TELUGU
KAKATIYA DEGREE COLEGE, SATHUPALLY

CONTROLLER OF EXAMINATIONS

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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No.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10096**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs DR. AGAPATI RAJKUMAR
Lecturer in TELUGU
UNIVERSITY COLLEGE,

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10067**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs MAMATHA POGAKU
Lecturer in TELUGU
MATHRU SRI DEGREE COLLEGE FOR WOMEN,
BHEEMARAM

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10018**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs LAGGANI PANDARI
Lecturer in TELUGU
EKASILA DEGREE COLLEGE, JANGAON

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10077**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs DASARI VANAJA
Lecturer in TELUGU
Azmeera Rekha Syam(ARS) Degree
College,Khanapur,Adilabad

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10013**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs DR.SHETTI SWARUPARANI
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, PALONCHA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10060**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs NAGULA RAJANI
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, CHERIAL, WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10039**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs G VENKATESH
Lecturer in TELUGU
GANAPATHI DEGREE COLLEGE, MAHADEVPUR
ROAD, PARKAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10003**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs V SAMPATH REDDY
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE, HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10029**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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VALUATION CAMP.**



To
Mr/Mrs MIRIYALA RAJU
Lecturer in TELUGU
PRATHIBHA DEGREE COLLEGE, KALLURU

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10009**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs RAJU MORE
Lecturer in TELUGU
GOVT. DEGREE COLLEGE., MANCHERIAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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STRICTLY CONFIDENTIAL

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10114**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs DR. SANGALA KOMALA
Lecturer in TELUGU
UNIVERSITY COLLEGE

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10076**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs SUMALATHA A
Lecturer in TELUGU
Mathrusri Degree College,Duggondi ,Warangal

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10112**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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VALUATION CAMP.**



To
Mr/Mrs DR. N. PRABHAVATHI DEVI
Lecturer in TELUGU
T T W R D C (W)

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10028**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs YADAGIRI MEDHULA
Lecturer in TELUGU
D R S DEGREE & P.G.COLLEGE, MAMILLAGUDEM,
KHAMMAM

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10048**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs MEKA NARSAIAH
Lecturer in TELUGU
GNANA SARASWATHI DEGREE COLLEGE,
NIRMAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

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(**Examiner No.10064**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
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VALUATION CAMP.**



To
Mr/Mrs DR G VENKATESHWARLU
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, RANGSHAIPET,
WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10084**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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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 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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs MOHD NOUREEN
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,ADILABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10109**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs THUPPARI ANNAPURNA
Lecturer in TELUGU
UNIVERSITY PG COLLEGE

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10020**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs KODIMELA LAKSHMANARAO
Lecturer in TELUGU
KAVITHA DEGREE & PG COLLEGE, NEAR RTA
OFF. KHAMMAM

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10026**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs DR.V. SATYAVANI
Lecturer in TELUGU
PADMAVATHI MAHILA COLLEGE, KOTHAWADA,
WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10098**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs JANAGAM SRIDEVI
Lecturer in TELUGU
SIDDARTHA DEGREE & P.G COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10058**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs K.SAMPATH
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, ETURUNAGARAM,
WGL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10004**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs U. SRINIVAS
Lecturer in TELUGU
LAL BAHADUR COLLEGE, NEAR MULUG ROAD,
WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10000**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs B BALAIAH
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE, HANAMKONDA

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10063**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs R.KOTAMMA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, NELAKONDAPALLY,
KHAMMAM

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10103**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs P.RAVINDER
Lecturer in TELUGU
VAAGDEVI DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10080**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs DOMALA DEEPTHI
Lecturer in TELUGU
RESIDENTIAL DEGREE COLLEGES FOR
WOMEN,WARANGAL(WEST)

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10021**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs BOLLAM KALPANA
Lecturer in TELUGU
BBM VARI GAYATRI DEG. & P.G.COLLEGE,
KHAMMAM

CONTROLLER OF EXAMINATIONS

DECLARATION

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Address

Signature



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

No.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10008**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs DR.M.V.PATWARDHAN
Lecturer in TELUGU
GOVT. DEGREE COLLEGE., MANCHERIAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10073**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs K SHYAM
Lecturer in TELUGU
Chaitanya Degree College, Mangapeta, Warangal

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10110**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
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VALUATION CAMP.**



To
Mr/Mrs DR L. SUJATHA
Lecturer in TELUGU
UNIVERSITY P.G COLLEGE FOR WOMEN

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10111**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs DR L. SUJATHA
Lecturer in TELUGU
UNIVERSITY P.G COLLEGE FOR WOMEN

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10078**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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VALUATION CAMP.**



To
Mr/Mrs DR.M.SAMATHA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, WARDHANNAPET

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10025**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs V ASHAJYOTHI
Lecturer in TELUGU
AURORA DEGREE COLLEGE, KISHANPURA,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10011**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs AARE RAJU
Lecturer in TELUGU
G R P GOVT. DEGREE COLLEGE, BHAINSA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10062**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs B.KRISHNAVENI
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, THORRUR,
WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10050**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs K RATHNAMALA
Lecturer in TELUGU
DEEKSHA DEGREE COLLEGE, NIRMAL

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10024**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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To
Mr/Mrs K PADMA
Lecturer in TELUGU
AURORA DEGREE COLLEGE, KISHANPURA,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10071**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs DR.ASNALA VIMALA
Lecturer in TELUGU
PADISHALA VEERABHADRAIAH MEMORIAL
COLLEGE FOR WOMENS

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10006**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs DR P UPENDAR
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, MAHABUBABAD

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10087**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs M. PREMALA
Lecturer in TELUGU
TELANGANA TRIBAL WELFARE R D C(GIRLS),
KHAMMAM DISTRICT

CONTROLLER OF EXAMINATIONS

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

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10101**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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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 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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs SNEHALATHA MAMIDISHETTI
Lecturer in TELUGU
A V V DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10075**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs B RAMULU
Lecturer in TELUGU
Keerthana Degree College,Bela,Adilabad

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10012**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs BANDI NAGARAJU
Lecturer in TELUGU
CITY MAHILA DEGREE COLLEGE, KISHANPURA,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10051**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs URE DINESH
Lecturer in TELUGU
VAAGDEVI ARTS & SCIENCE DEGREE COLLEGE,
BHUKTAPUR,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10059**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs SURESH CHIRRA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, ETURUNAGARAM,
WGL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10031**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To
Mr/Mrs G RAJKUMAR
Lecturer in TELUGU
SRI GAYATHRI DEG.COLLEGE,MULUGU X ROAD,
HANAMKON

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10069**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs M BUCHAIAH
Lecturer in TELUGU
SREENIDHI DEGREE COLLEGE, MADHIRA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10046**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs B RAVINDER
Lecturer in TELUGU
SANGAMITRA DEGREE COLLEGE,
BHUPALAPALLY

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10054**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs B MALLESHWARI
Lecturer in TELUGU
VASUNDHARA DEGREE COLLEGE, SIRPUR
KAGHAZNAGAR

CONTROLLER OF EXAMINATIONS

DECLARATION

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Address

Signature



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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10093**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs Dabbeta Padmavathi
Lecturer in TELUGU
KAKATIYA MAHILA DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10104**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs DINDIGALA ASHOKKUMAR
Lecturer in TELUGU
VISHWAS DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10049**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs G VENKAIAH
Lecturer in TELUGU
DEEKSHA DEGREE COLLEGE, NIRMAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10074**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs RAJU KENGERLA
Lecturer in TELUGU
Sri Raja Rajeswari Degree College,jangaon,warangal

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10105**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs T SAVITRI
Lecturer in TELUGU
SARASWATHI DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10100**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs V Ashok
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10097**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs SHAILAJA G
Lecturer in TELUGU
MATHRU SRI DEGREE COLLEGE FOR WOMEN,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10055**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs C SHARADA
Lecturer in TELUGU
S R K DEGREE COLLEGE, CHERIAL WGL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10057**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs BHEEMA GANGAIAH
Lecturer in TELUGU
VASAVI DEGREE COLLEGE, (V)KALLUR, (M)
KUNTALA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10016**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs CH SURYANARAYANA
Lecturer in TELUGU
MASTERJI DEG.&P.G.COLL., HUNTER ROAD,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10038**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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VALUATION CAMP.**



To
Mr/Mrs CHANDRA ATHMARAO
Lecturer in TELUGU
SRI CHAITANYA DEGREE COLLEGE, ASIFABAD

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10047**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs KALLEPU RAJU
Lecturer in TELUGU
SANGAMITRA DEGREE COLLEGE,
BHUPALAPALLY

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10070**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs POTU MANOHAR REDDY
Lecturer in TELUGU
SRI HARSHA DEGREE COLLEGE, BELLAMPALLI
MANCHIRYAL

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10043**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs DONTI MANJULA
Lecturer in TELUGU
R D WOMEN'S DEGREE COLLEGE,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10034**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs JAMANDLA CHANDRAMOULI
Lecturer in TELUGU
SRI CHAITANYA DEGREE COLLEGE, NARSAMPET

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10106**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs BAIRAPAKA RAVINDER
Lecturer in TELUGU
NEW SCIENCE DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10072**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs S KUMARASWAMY
Lecturer in TELUGU
JAGRUTHI WOMEN'S DEGREE COLLEGE

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10045**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs MADURI SUMAN
Lecturer in TELUGU
SAMAIKYA DEGREE COLLEGE, MAHABUBABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10030**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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VALUATION CAMP.**



To
Mr/Mrs GALI NARSING
Lecturer in TELUGU
NALANDA DEGREE COLLEGE, OPP.BUS STAND
ADILABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10053**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs CHALLA LAXMAN
Lecturer in TELUGU
VIKAS DEGREE COLLEGE, PONKAL, JANNARAM

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10007**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs R RATHNAMALA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, MAHABUBABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10035**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs YALAGALABOINA SOMAIAH
Lecturer in TELUGU
SRI CHAITANYA WOMEN'S DEGREE
COLLEGE,BHEEMARAM

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10061**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs ASHOK MORE
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, PARKAL, WARANGAL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10066**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs BONAGANI RAVINDER
Lecturer in TELUGU
BALAJI MAHILA DEGREE COLLEGE, NARSAMPET

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10091**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs M.VENKANNA
Lecturer in TELUGU
SAMATHA DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10040**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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VALUATION CAMP.**



To
Mr/Mrs VANAM SRINIVAS
Lecturer in TELUGU
ACHARYA DEGREE COLLEGE, NARSAMPET

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10017**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs PODILA VENKATESHWARLU
Lecturer in TELUGU
VIGNANA BHARATHI DEGREE COLLEGE,
MAHABUBABAD

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10019**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs B SUHASINI
Lecturer in TELUGU
KAVITHA DEGREE & PG COLLEGE, NEAR RTA
OFF. KHAMMAM

CONTROLLER OF EXAMINATIONS

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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10086**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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VALUATION CAMP.**



To
Mr/Mrs DR. SANTHOSH MACHIDI
Lecturer in TELUGU
TELANGANA TRIBAL WELFARE R D C(BOYS),
MARIPEDA, MAHABUBABAD DISTRICT

CONTROLLER OF EXAMINATIONS

DECLARATION

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Address

Signature



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

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STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10036**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

You are requested to accept the assignment and report to the Controller of Examinations, KU and contact
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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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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 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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs I.RAVI
Lecturer in TELUGU
VIDYARTHI DEGREE COLLEGE,
RAVINDRANAGAR, ADILABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10095**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs V Maheshwar
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10002**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs GUTHIKONDA CHANDRAKALA
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE, HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10041**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs KATTA VENKANNA
Lecturer in TELUGU
BHARATHI DEGREE COLLEGE,
WSARDHANNAPET

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10001**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs B. SUDHAMADHURI
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE, HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10088**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs E RAMESH
Lecturer in TELUGU
SHIVANI DEGREE COLLEGE,BHEEMARAM,WGL

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10044**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue:Examination Branch, Kakatiya University, Warangal.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs Y. SUDHARSHANAM
Lecturer in TELUGU
R D WOMEN'S DEGREE COLLEGE,
HANAMKONDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10032**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs J.KISTAIAH
Lecturer in TELUGU
S V G DEGREE COLLEGE, LAXMAN CHANDA

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10094**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs N Raju
Lecturer in TELUGU
KAKATIYA GOVT. COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10065**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To
Mr/Mrs KOKKONDA SRIKANTH
Lecturer in TELUGU
S S DEGREE COLLEGE, DHARMARAM,
GEESUGONDA(M) WARAN

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10042**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs BANDA MUTHAIAH
Lecturer in TELUGU
NALANDA DEGREE COLLEGE, MAHABUBABAD

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10092**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs KARUKOORI BHARATHI
Lecturer in TELUGU
KAKATIYA DEGREE COLLEGE,

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10010**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

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regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs T.RENUBABU GOUD
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, BELLAMPALLY

CONTROLLER OF EXAMINATIONS

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.1264/Spot/Exams/KU/2024

Date: 20-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **TELUGU**
(**Examiner No.10005**) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA.I,III,V-Semester
Examinations, held in NOV- 2024.

Date &Time of commencement of Valuation: 20-DEC-2024, 02.00 pm to 06.00pm
Venue: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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN
VALUATION CAMP.**



To
Mr/Mrs LENKA SATYANARAYANA
Lecturer in TELUGU
GOVT. DEGREE COLLEGE, NARSAMPET

CONTROLLER OF EXAMINATIONS

DECLARATION

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

Address

Signature