



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

No. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

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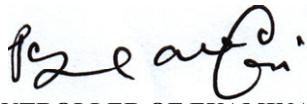
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11015**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. A. Jyothi**  
Lecturer in Telugu  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

**Address**

\_\_\_\_\_  
\_\_\_\_\_

Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No. 717/E2/UG/ KU/2017/Spot

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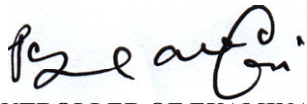
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I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11017**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

**Date &Time of commencement of Valuation: 14-11-2017, 03.00 PM to 06.00 PM**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
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9. Only Local Conveyance will be paid

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. Ch. Raju**  
Lecturer in Telugu  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

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\_\_\_\_\_

Signature



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

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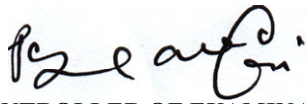
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I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11018**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

**Date & Time of commencement of Valuation: 14-11-2017, 03.00 PM to 06.00 PM**  
**Venue:** Valuation Hall, Examination Branch, Kakatiya University, Warangal.

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2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. K. Sadasiv**  
Lecturer in Telugu  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

**Address**

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\_\_\_\_\_

Signature



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

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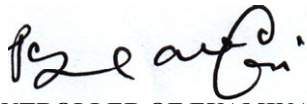
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I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11019**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. K. Shobha Rani**  
Lecturer in Telugu  
Univ. Women's College  
Subedari

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**Declaration**

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

**Address**

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Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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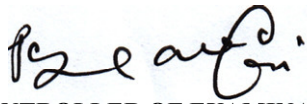
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11020**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. M. Lingaiah**  
Lecturer in Telugu  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

**Address**

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Signature



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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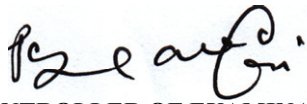
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11023**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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9. Only Local Conveyance will be paid

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. P. Venkataiah**  
Lecturer in Telugu  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

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\_\_\_\_\_

Signature



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

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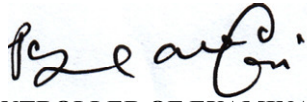
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11024**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Dr. V. Veerachary**  
Lecturer in Telugu  
C K M Arts & Science College  
Warangal

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**Declaration**

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

**Address**

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Signature





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

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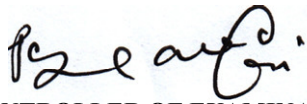
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11048**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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9. Only Local Conveyance will be paid

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Mosrla Sri Anjani**  
Lecturer in Telugu  
Lal Bahadur College  
Warangal

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**Declaration**

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

**Address**

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\_\_\_\_\_

Signature





OFFICE OF THE CONTROLLER OF EXAMINATIONS  
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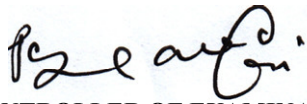
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11052**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. N.Prabhavathi Devi**  
Lecturer in Telugu  
Bhadruka Degree College  
Togarrai

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**Declaration**

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

**Address**

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Signature



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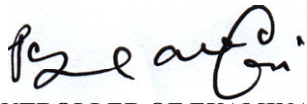
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I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11057**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Parasharam Rangachary**  
Lecturer in Telugu  
Mahaboobia Panjethan Deg. College  
Gorrekunta

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**Declaration**

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

**Address**

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Signature



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

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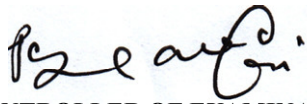
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11064**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Sangala Komala**  
Lecturer in Telugu  
Lal Bahadur College  
Warangal

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**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. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

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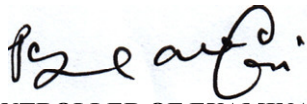
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11067**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. T. Annapurna**  
Lecturer in Telugu  
Univ. Women's College  
Subedari

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**Declaration**

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

**Address**

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Signature



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

No. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

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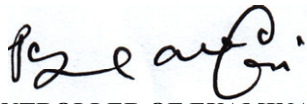
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11070**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. G. Sharadha**  
Lecturer in Telugu  
M R Reddy Degree College  
Parkal

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**Declaration**

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

**Address**

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Signature



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

No. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

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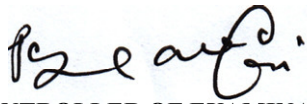
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11083**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

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

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. Smt. M. Sreelatha**  
Lecturer in Telugu  
A S C D M College For Women  
Fort Road

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**Declaration**

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

**Address**

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Signature



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

No. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

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

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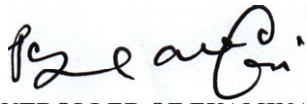
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11101**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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

1. Lecturers working on contract basis in Government/ Aided/ un-Aided/ Private Degree Colleges should submit a proof of having, faced the Selection Committee. They must also submit a copy of Qualifying Examination, Service and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
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8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. K. Srikanth**  
Lecturer in Telugu  
S S Degree College  
Geesugonda

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**Declaration**

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

**Address**

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Signature





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

No. 717/E2/UG/ KU/2017/Spot

Date: 13-11-2017

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

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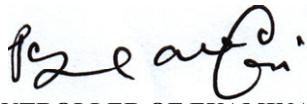
I am pleased to inform you that you are appointed as **Examiner** in **Telugu** (**Examiner No. 11118**) for the valuation of I & II year Answer scripts of BA./BBM/B.Com/B.Sc Supplementary Examinations, held in October/November- 2017.

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

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

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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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8. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

  
CONTROLLER OF EXAMINATIONS

To

**Mr/Mrs. U. Srinivas**  
Lecturer in Telugu  
Lal Bahadur College  
Warangal

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**Declaration**

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

**Address**

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Signature

