



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

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

Date: 19-11-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 18006)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs A. Koteswar**  
Lecturer in Mathematics  
C K M Arts & Science College  
Desaipet

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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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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 18007)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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- 3 Each examiner should value 30 scripts per session.
3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
9. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs A.Srinivas**  
Lecturer in Mathematics  
R D Women`S Degree College  
Hanamkonda

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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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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 18072)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Ch.Swapna**  
Lecturer in Mathematics  
Padmavathi Mahila College  
Kothawada

-----  
**Declaration**

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

**Address**  
\_\_\_\_\_



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\* \* \*

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

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

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7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
11. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Chinthanoori Yugandhar**  
Lecturer in Mathematics  
Nalanda Degree College  
Mahabubabad

-----  
**Declaration**

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

**Address**  
\_\_\_\_\_



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\* \* \*

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

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G Rajkumar**  
Lecturer in Mathematics  
Vaagdevi Degree College  
Kishanpura

-----  
**Declaration**

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

**Address**  
\_\_\_\_\_



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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 19027)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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

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To  
**Mr/Mrs G. Narmada**  
Lecturer in Mathematics  
Aurora Degree College  
Kishanpura

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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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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 19033)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G.Srikanth**  
Lecturer in Mathematics  
Kanishka Degree College for women  
Bheemaram

-----  
**Declaration**

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

**Address**  
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\* \* \*

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

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

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- 9 Each examiner should value 30 scripts per session.
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6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
15. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Jatothu Shankar**  
Lecturer in Mathematics  
Govt. Degree College  
Narsampet

-----  
**Declaration**

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

**Address**  
\_\_\_\_\_





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\* \* \*

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

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

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16. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

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

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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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\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20010)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm**  
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- 11 Each examiner should value 30 scripts per session.
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17. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs M Rama**  
Lecturer in Mathematics  
New Science Degree College  
Hunter Road

-----  
**Declaration**

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

**Address**  
\_\_\_\_\_



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\* \* \*

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

**Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm**  
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7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
18. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Mahrunisa Begum**  
Lecturer in Mathematics  
New Science Degree College  
Hunter Road

-----  
**Declaration**

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

**Address**  
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\* \* \*

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

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for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Sameena Afreen**  
Lecturer in Mathematics  
Vaagdevi Degree College  
Kishanpura

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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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I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20094)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

**Date & Time of commencement of Valuation: 20-11-2016, 02.00 pm to 06.00 pm**  
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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
4. The examiner must submit original appointment order, relieving orders with salary particulars and **Photo Identity Card** to the CE's before joining the spot valuation camp.
5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. The following declaration may be communicated to the Addl. Controller of Examinations (UG).
20. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**
9. Only Local Conveyance will be paid

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Sd. Asma**  
Lecturer in Mathematics  
Masterji Deg.& P.G.College  
Hunter Road

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**Declaration**

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

**Address**  
\_\_\_\_\_



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

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

Date: 19-11-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

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

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

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs Uma Rani Nalumachu**  
Lecturer in Mathematics  
A V V Degree College  
Matewada

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**Declaration**

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

**Address**  
\_\_\_\_\_



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

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

Date: 19-11-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20137)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G. Ravi Kumar**  
Lecturer in Mathematics  
Univ. Arts & Science College  
Hanamkonda

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**Declaration**

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

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

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

Date: 19-11-2016

**STRICTLY CONFIDENTIAL**

**ORDERS**

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

\* \* \*

I am pleased to inform you that you are appointed as Examiner in **Mathematics - II (Examiner No. 20138)** for the valuation of II year Answer scripts of B.Sc. Supplementary Examinations, held in October/November- 2016.

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

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

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

for CONTROLLER OF EXAMINATIONS

To  
**Mr/Mrs G. Sowjanya**  
Lecturer in Mathematics  
Goutham Degree College,  
Kishanpura, HNK.

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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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