



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

No.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31001** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs B. SRINIVAS**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1140

**CONTROLLER OF EXAMINATIONS**

**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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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31002** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs M.UPPALIAH**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 8603

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**Address**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31003** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs MUDDAMALLA CHANDRAMOULY**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 2431

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**Address**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31004** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
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To  
**Mr/Mrs SHAIK YISSF PASHA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1654

**CONTROLLER OF EXAMINATIONS**

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**Address**

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(**Examiner No.31005** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
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To  
**Mr/Mrs MADASI NEELAKAR**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 0396

**CONTROLLER OF EXAMINATIONS**

**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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I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31006** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
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To  
**Mr/Mrs MAGGIGA KRANTHIKUMARI**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 0112

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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 **COMMERCE LAB**  
(**Examiner No.31007** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs MUDDAMALLA CHANDRAMOULY**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 2431

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**DECLARATION**

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**Address**

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I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31008** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs MUSTYALA NARESH**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 6737

**CONTROLLER OF EXAMINATIONS**

**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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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31009** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
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To  
**Mr/Mrs PALAKURTHI SATEESH KUMAR**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1595

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**Address**

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**Signature**



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31010** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs Penthala santhosh kumar**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1420

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**Address**

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**Signature**



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I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31011** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
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VALUATION CAMP.**



To  
**Mr/Mrs R.PRASHANTH**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 4547

**CONTROLLER OF EXAMINATIONS**

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**Address**

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To  
**Mr/Mrs RAJENDRA PRASAD MEKALA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 6515

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**Address**

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**Signature**



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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 SHANKAPPELLY KANAKA CHARY**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 5698

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31014** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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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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 BOMMA RAMANADEVI**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1384

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31015** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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.
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 SRINIVAS PULLA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 7273

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31016** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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 THIPPANI RAJAMOULI**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 9333

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31017** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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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 CHANDRAKALA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 2801

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31018** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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 CHIRRA HARIKRISHNA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 2629

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31019** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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 DR.RUDRABHATLA PRASANNA**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 2230

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31020** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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.V.RAJENDRA PRASAD**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 5884

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31021** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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 PRAVEEN KUMAR**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 1968

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

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**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31022** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**Venue: Valuation Hall, 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 GUGLAVATH GOVIND**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 0551

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31023** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

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To  
**Mr/Mrs ADIGOPPULA RAMESH**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 6833

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

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**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31024** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 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 K.RAJANI**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 6218

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

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**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31025** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
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To  
**Mr/Mrs LASANI SURESH**  
Lecturer in COMMERCE LAB

Aadhar No: XXXX XXXX XXXX 6382

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

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**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31026** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs Dr. K. Sai Sharan**  
Lecturer in COMMERCE LAB

Aadhar No:

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31027** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**

To  
**Mr/Mrs Dr. Mayuri Srivastava**  
Lecturer in COMMERCE LAB

Aadhar No:

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

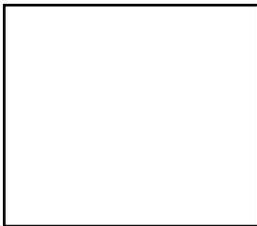
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31028** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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 .
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. A. Suresh**  
Lecturer in COMMERCE LAB

Aadhar No:

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31029** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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 EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs Dr. V. Saritha**  
Lecturer in COMMERCE LAB

Aadhar No:

**CONTROLLER OF EXAMINATIONS**

**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.1500/Spot/Exams/KU/2020

Date: 28-Oct-2020

**STRICTLY CONFIDENTIAL**

**ORDERS**

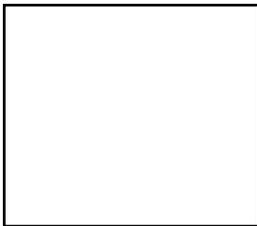
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA. - VI Semester Exams 2020 -OCT  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **COMMERCE LAB**  
(**Examiner No.31030** ) for the valuation of Answer scripts of B.A/B.Com/B.Sc/B.B.A/BCA VI Semester. -  
Semester Examinations, held in OCT 2020.

**Date &Time of commencement of Valuation: 28-Oct-2020, 02.00 pm to 06.00pm**  
**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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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. S. Srinivas**  
Lecturer in COMMERCE LAB

Aadhar No:

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**