



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18001** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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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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.
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Identity Card to the CE's before joining the spot valuation camp.
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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. R. MANJULA**  
Lecturer in MATHS  
UNIV. ARTS & SCIENCE COLLEGE, SUBEDARI,  
HANAMKONDA

**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 **MATHS**  
(**Examiner No.18002** ) 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.T. NAGAI AH**  
Lecturer in MATHS  
UNIV. ARTS & SCIENCE COLLEGE, SUBEDARI,  
HANAMKONDA

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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(**Examiner No.18003** ) 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 BONALA MADHAVI**  
Lecturer in MATHS  
GOVT. PINGLE COLL. FOR WOMEN,  
WADDEPALLY

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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To  
**Mr/Mrs DR.B.PRABHAKAR**  
Lecturer in MATHS  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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To  
**Mr/Mrs DR.D.VENKATESH**  
Lecturer in MATHS  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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**DECLARATION**

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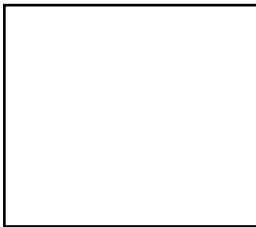
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To  
**Mr/Mrs M.RADHIKA**  
Lecturer in MATHS  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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(**Examiner No.18007** ) 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 B.RAJINI**  
Lecturer in MATHS  
LAL BAHADUR COLLEGE, NEAR MULUG ROAD,  
WARANGAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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(**Examiner No.18008** ) 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 SATHISH KUMAR S**  
Lecturer in MATHS  
LAL BAHADUR COLLEGE, NEAR MULUG ROAD,  
WARANGAL

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

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To  
**Mr/Mrs T NARAHARI**  
Lecturer in MATHS  
GOVT. DEGREE COLLEGE, MAHABUBABAD

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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To  
**Mr/Mrs S.SREELATHA**  
Lecturer in MATHS  
SR ARTS & SCIENCE COLLEGE, KOTHAGUDEM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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To  
**Mr/Mrs PALLA SRINIVAS**  
Lecturer in MATHS  
J V R GOVT. COLLEGE, SATHUPALLY

**CONTROLLER OF EXAMINATIONS**

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To  
**Mr/Mrs KATTA RAMESH**  
Lecturer in MATHS  
GOVT. DEGREE COLLEGE, 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: 31-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 **MATHS**  
(**Examiner No.18013** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue: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 M.GNANESHWER**  
Lecturer in MATHS  
GOVT. DEGREE COLLEGE, ADILABAD

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18014** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 SWAPNA NOOLLA**  
Lecturer in MATHS  
GOVT. DEGREE COLLEGE, CHENNUR

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

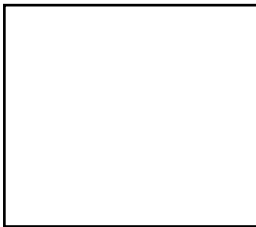
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18015** ) 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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**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 CH.SRINIVAS**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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ORDERS

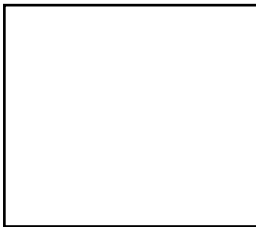
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18016** ) 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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**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 B KALPANA**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18017** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs B NARESH**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18018** ) 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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**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 MULKALA RAMESH**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18019** ) 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 BOINI RAMBABU**  
Lecturer in MATHS  
VAAGDEVI 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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18020** ) 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 K.SUNITHA**  
Lecturer in MATHS  
VAAGDEVI 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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

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ORDERS

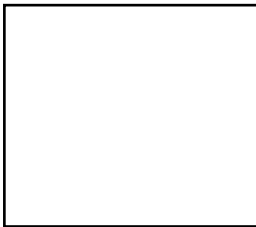
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18021** ) 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 NAGAVELLI RUCHITHA**  
Lecturer in MATHS  
VAAGDEVI 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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18022** ) 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 LAXMI NARASIMHA RAO**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18023** ) 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 SRAVANTHI VAJRA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

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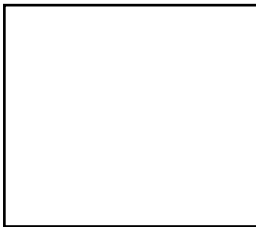
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18024** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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:

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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 B.SANDHYA RANI**  
Lecturer in MATHS  
NEW SCIENCE DEGREE COLLEGE, HUNTER  
ROAD, HNK

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18025** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 M.RAMA**  
Lecturer in MATHS  
NEW SCIENCE DEGREE COLLEGE, HUNTER  
ROAD, HNK

**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: 31-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 **MATHS**  
(**Examiner No.18162** ) 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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**Venue: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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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. T. SREE LAKSHMI**  
Lecturer in MATHS  
UNIV. ARTS & SCIENCE DEGREE COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18026** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue: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 MD. YAKOOB PASHA**  
Lecturer in MATHS  
NEW SCIENCE DEGREE COLLEGE, HUNTER  
ROAD, HNK

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18027** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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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 THATIKONDA VENKATESH**  
Lecturer in MATHS  
S V S DEG. & P.G.COLLEGE, VIDYARANYAPURI,  
HANAMKON

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18028** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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Identity Card to the CE's before joining the spot valuation camp.
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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 P. THIRUPATHAIAH**  
Lecturer in MATHS  
DR M R REDDY DEGREE COLLEGE, PARKAL

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18029** ) 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 ANUMULA SAHITHI**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18030** ) 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.
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VALUATION CAMP.**



To  
**Mr/Mrs B SURESH**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18031** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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To  
**Mr/Mrs P.SRINIVASA RAO**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18032** ) 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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**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 SAYYED NASEEMA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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 **MATHS**  
(**Examiner No.18033** ) 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 GORAPADU SHANTHA KUMAR**  
Lecturer in MATHS  
VIKAS DEGREE COLLEGE, STATION ROAD,  
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: 31-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 **MATHS**  
(**Examiner No.18034** ) 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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**Venue:Examination Branch, Kakatiya University, Warangal.**

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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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Identity Card to the CE's before joining the spot valuation camp.
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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 KANDULA RAMESH**  
Lecturer in MATHS  
VIKAS DEGREE COLLEGE, STATION ROAD,  
KHAMMAM

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

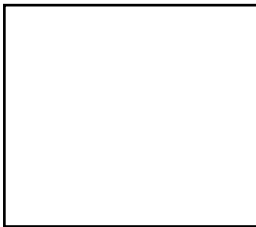
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18035** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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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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 K.CHAKRAVARTHI**  
Lecturer in MATHS  
NATIONAL DEGRE 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: 31-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 **MATHS**  
(**Examiner No.18036** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 SOYAM RAMBABU**  
Lecturer in MATHS  
GEETAM S DEGREE & PG COLLEGE,  
SATHUPALLY

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18037** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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regular/contract basis through a selection committee
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs NADAKUDURU JAYALAKSHMI**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

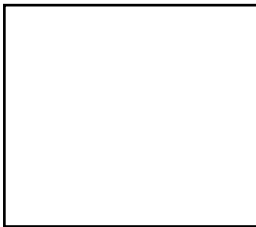
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18038** ) 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 P RADHA SHIREESHA**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18039** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs B. MAHENDAR**  
Lecturer in MATHS  
KAKATIYA MAHILA DEGREE COLLEGE,  
HANAMKONDA

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

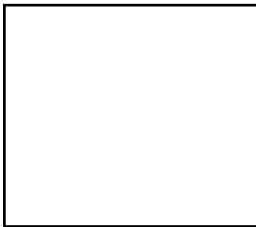
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18040** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs B NAGARAJU**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18041** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs JYOTHI ANIKA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18042** ) 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 T NAGESWAR RAO**  
Lecturer in MATHS  
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**

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---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18043** ) 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 K KUMARA SWAMY**  
Lecturer in MATHS  
PRIYADARSHINI DEGREE COLLEGE,  
KOTHAGUDEM

**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: 31-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 **MATHS**  
(**Examiner No.18044** ) 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 S MADHURI**  
Lecturer in MATHS  
PRIYADARSHINI DEGREE COLLEGE,  
KOTHAGUDEM

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18045** ) 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 SK MAHMOODA**  
Lecturer in MATHS  
PRIYADARSHINI DEGREE COLLEGE,  
KOTHAGUDEM

**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: 31-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 **MATHS**  
(**Examiner No.18046** ) 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 T PRAGATHI**  
Lecturer in MATHS  
PRIYADARSHINI DEGREE COLLEGE,  
KOTHAGUDEM

**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: 31-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 **MATHS**  
(**Examiner No.18047** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 KUMMARIKUNTLA VEERABABU**  
Lecturer in MATHS  
DR.R J REDDY COLLEGE OF HIGHER EDN.,  
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: 31-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 **MATHS**  
(**Examiner No.18048** ) 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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**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs SAMBARU VENKATESWARA RAO**  
Lecturer in MATHS  
NAVA BHARAT DEGREE COLLEGE, SATHUPALLY

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

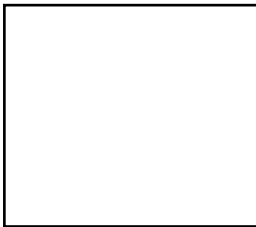
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18049** ) 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 SRINIVAS DUMPATI**  
Lecturer in MATHS  
C V RAMAN DEGREE COLLEGE, MANCHERIAL

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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ORDERS

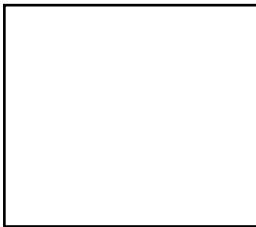
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18050** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs K PRASHANTH**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

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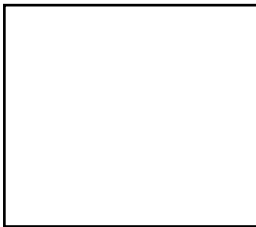
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18051** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs R BHANU CHANDER**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**



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

No.1264/Spot/Exams/KU/2024

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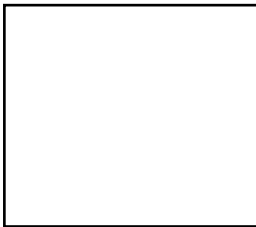
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18052** ) 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 T.SWAPNA**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18053** ) 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 NALAJALA RAVINDRA**  
Lecturer in MATHS  
VKDVS DEGREE COLLEGE, ASWARAOPET

**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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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 **MATHS**  
(**Examiner No.18054** ) 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. BALAJI SINGH**  
Lecturer in MATHS  
SRI SAI DEGREE COLLEGE, BHADRACHALAM

**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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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 **MATHS**  
(**Examiner No.18055** ) 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 K SHASHIDHAR**  
Lecturer in MATHS  
VASHISHTA DEGREE COLLEGE, MANJULAPUR(V),  
NIRMAL

**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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18056** ) 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 K SRINIVAS**  
Lecturer in MATHS  
VIVEKAVARDHINI DEGREE COLLEGE,  
MANCHERIAL

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18057** ) 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 SHAIK KARIMULLA BABA**  
Lecturer in MATHS  
SRI VIDYA DEGREE COLLEGE, MANUGURU

**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.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 **MATHS**  
(**Examiner No.18058** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 SYED ISMAIL ALI**  
Lecturer in MATHS  
GOUTHAMI DEGREE COLLEGE, SHANTHI NAGAR,  
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: 31-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 **MATHS**  
(**Examiner No.18059** ) 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 PREMENDAR.A**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18060** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs RAVIKUMAR.N**  
Lecturer in MATHS  
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: 31-DEC-2024

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ORDERS

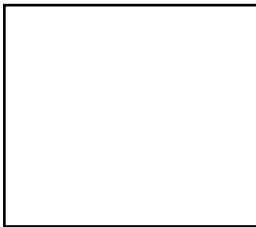
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18061** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs VENKAT RAM REDDY.C**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

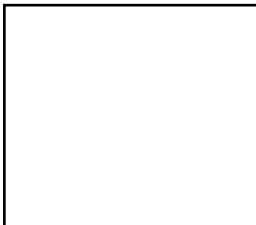
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18062** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs D**  
Lecturer in MATHS  
MANCHERIAL INST. OF MATHEMATICAL  
SCIENCES, MANCHER

**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: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

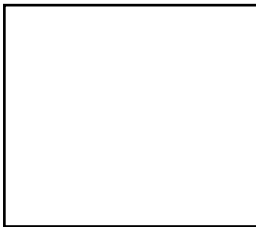
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18063** ) 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 OLLALA ODELU**  
Lecturer in MATHS  
MANCHERIAL INST. OF MATHEMATICAL  
SCIENCES, MANCHER

**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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KAKATIYA UNIVERSITY, WARANGAL - 506 009

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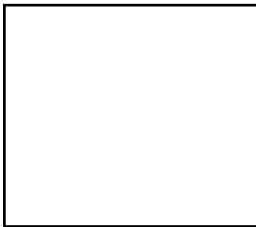
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18064** ) 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 THATIPAMULA SAMMAIAH**  
Lecturer in MATHS  
MANCHERIAL INST. OF MATHEMATICAL  
SCIENCES, MANCHER

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18065** ) 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 CH MALLESHWARI**  
Lecturer in MATHS  
BHAVITHA DEGREE COLLEGE, BELLAMPALLY

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18066** ) 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 VIJAYKANTH**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18067** ) 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 KATTAGONI RAJESH**  
Lecturer in MATHS  
SHAARVANI 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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18068** ) 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 MERUGU UGENDHAR**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18069** ) 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 SRINIVAS YERRAM**  
Lecturer in MATHS  
R J R M DEGREE COLLEGE, MARIPEDA

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18070** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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.
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 THIPPANI RAMESH**  
Lecturer in MATHS  
GEETHANJALI DEGREE COLLEGE FOR WOMEN,  
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: 31-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 **MATHS**  
(**Examiner No.18071** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 NAREDLA SANJAY KUMAR**  
Lecturer in MATHS  
MAHARSHI DEGREE COLLEGE, MULUGU

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

**STRICTLY CONFIDENTIAL**

**ORDERS**

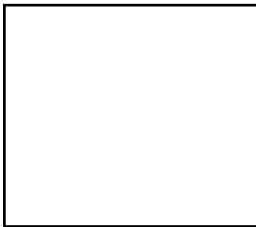
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18072** ) 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 SUVARNA BUDATI**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18073** ) 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 BANOTHU BHASKAR**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18074** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs BANOTHU BHASKAR**  
Lecturer in MATHS  
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**

---

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18075** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 S RAJASHEKAR**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18076** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 NARADASU LAVANYA**  
Lecturer in MATHS  
VIKAS DEGREE COLLEGE, JANGAON

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18077** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs M.BHANU KUMARI**  
Lecturer in MATHS  
MOTHER TERESA DEGREE COLLEGE,  
BHADRACHALAM

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

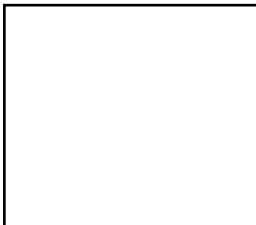
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18078** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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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 CHERUKURI RAMESH**  
Lecturer in MATHS  
SAHITHI DEGREE COLLEGE OF ARTS & SCIENCE,  
YELLANDU

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18079** ) 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. NAGALAXMI**  
Lecturer in MATHS  
SCARED HEART ARTS & SCIENCE COLLEGE,  
TALLAMPADU

**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: 31-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 **MATHS**  
(**Examiner No.18080** ) 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 KUNA SRIKANTH**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18081** ) 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 DYAVARASHETTY NAVEEN KUMAR**  
Lecturer in MATHS  
CHANAKYA DEGREE COLLEGE, NIRMAL

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18082** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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  
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6. The examiner should bring one stamp size photograph.
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VALUATION CAMP.**



To  
**Mr/Mrs D UMA RANI**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18083** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 PRAVEEN PATIL**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18084** ) 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 JADAV AKASH**  
Lecturer in MATHS  
GOKULDAS PURUSHOTHAMDAS LADDA DEGREE  
COLLEGE, BHAI

**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: 31-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 **MATHS**  
(**Examiner No.18085** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 K.DAYAKAR**  
Lecturer in MATHS  
KRISHNAVENI DEGREE COLLEGE, VIDYANAGAR,  
ADILABAD

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18086** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs KEERTHI DAYAKER**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18087** ) 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 CH SATHYANARAYANA REDDY**  
Lecturer in MATHS  
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**

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**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18088** ) 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 NARESH SUDHI**  
Lecturer in MATHS  
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**

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\_\_\_\_\_

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

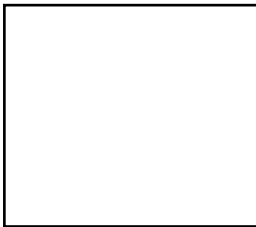
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18089** ) 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 K GANGARAJA GOUD**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18090** ) 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 DUMPALA RAMESH**  
Lecturer in MATHS  
VAAGDEVI DEGREE COLLEGE, MANCHERIAL

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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ORDERS

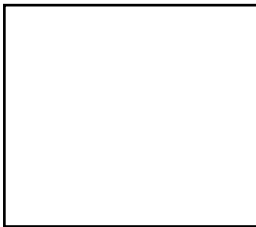
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18091** ) 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 RAPARTHI RAJKUMAR**  
Lecturer in MATHS  
VAAGDEVI DEGREE COLLEGE, MANCHERIAL

**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.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 **MATHS**  
(**Examiner No.18092** ) 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 RAMESH**  
Lecturer in MATHS  
VASUNDHARA DEGREE COLLEGE, SIRPUR  
KAGHAZNAGAR

**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.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 **MATHS**  
(**Examiner No.18093** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 RAJENDRA R.NIRATKAR**  
Lecturer in MATHS  
VASUNDHARA DEGREE COLLEGE, SIRPUR  
KAGHAZNAGAR

**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: 31-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 **MATHS**  
(**Examiner No.18094** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs JONGONI MOUNIKA**  
Lecturer in MATHS  
KNR 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: 31-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 **MATHS**  
(**Examiner No.18095** ) 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
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs ALLAGADAPA NARESH**  
Lecturer in MATHS  
JALAGAM VENGAL RAO PRAGATHI DEGREE  
COLLEGE, KUSUMA

**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: 31-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 **MATHS**  
(**Examiner No.18096** ) 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
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs GANDERLA NAGESWARA RAO**  
Lecturer in MATHS  
S R R V K R M DEGREE COLLEGE,  
VENKATAPURAM

**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: 31-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 **MATHS**  
(**Examiner No.18097** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs A GANGADHAR**  
Lecturer in MATHS  
SRI PULAJI BABA DEGREE COLLEGE, IB CHOWK,  
UTNOOR

**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: 31-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 **MATHS**  
(**Examiner No.18098** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs P VINAYAK REDDY**  
Lecturer in MATHS  
SRI PULAJI BABA DEGREE COLLEGE, IB CHOWK,  
UTNOOR

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18099** ) 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 SRINIVAS**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18100** ) 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.P.JYOTHI**  
Lecturer in MATHS  
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**

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**Signature**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18101** ) 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 P SRINIVASA REDDY**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

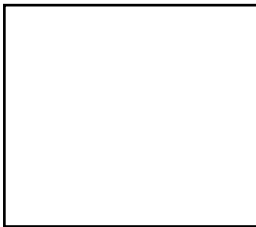
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18102** ) 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 KODAPARTHI RAJITHA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18103** ) 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 BODDU NARESH**  
Lecturer in MATHS  
GOVT. DEGREEE COLLEGE, LUXETTIPET,  
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: 31-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 **MATHS**  
(**Examiner No.18104** ) 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.T.GANGAIAH**  
Lecturer in MATHS  
GOVT. DEGREEE COLLEGE, LUXETTIPET,  
ADILABAD

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18105** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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:

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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 R RUDRANI**  
Lecturer in MATHS  
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**

---

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**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 **MATHS**  
(**Examiner No.18106** ) 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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**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 AMBATI ANANTH KUMAR**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18107** ) 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 KELLAPU VISHNU MURTHY**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18108** ) 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
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs M.RAVINDHER**  
Lecturer in MATHS  
VEDHANIDHI DEGREE COLLEGE,  
LOKESHWARAM, ADILABAD

**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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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18109** ) 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 KOSARI VENKATESH**  
Lecturer in MATHS  
VIVEKANANDA DEGREE COLLEGE, SIRPUR  
KAGAZNAGAR, BORIGAON SHIVARU, ADILABAD

**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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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 **MATHS**  
(**Examiner No.18110** ) 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 K PEDDULU**  
Lecturer in MATHS  
CRESCENT DEGREE COLLEGE, INDRAVELLY

**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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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 **MATHS**  
(**Examiner No.18111** ) 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 AZEEM PASHA**  
Lecturer in MATHS  
REBBENA ART & SCIENCE DEGREE COLLEGE,  
REBBENA

**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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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 **MATHS**  
(**Examiner No.18112** ) 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 CHALLA NARSAIAH**  
Lecturer in MATHS  
SRI SRI GAYATRI DEGREE COLLEGE, NELLUTLA,  
LINGALA

**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 **MATHS**  
(**Examiner No.18113** ) 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 G SRIKANTH**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18114** ) 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 PASULA THIRUPATHAIAH**  
Lecturer in MATHS  
SUVIDYA DEGREE COLLEGE, CHITYAL

**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 **MATHS**  
(**Examiner No.18115** ) 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 A. JYOTHI**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18116** ) 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.
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VALUATION CAMP.**



To  
**Mr/Mrs CHUNARKAR MAHESHWARI**  
Lecturer in MATHS  
SRI CHAITANYA DEGREE COLLEGE, 3-17 MAIN  
ROAD,KOWTA

**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: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

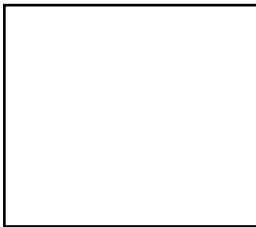
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18117** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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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Identity Card to the CE's before joining the spot valuation camp.
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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 CHEEMALADARI UPENDRAIAH**  
Lecturer in MATHS  
VIGNAN DEGREE COLLEGE, KAREPALLY, KMM

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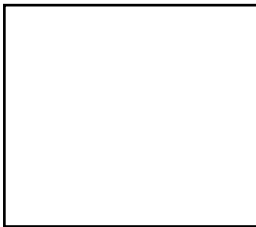
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18118** ) 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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**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 P.SRIDHAR**  
Lecturer in MATHS  
VAAGESHWARI DEGREE COLLEGE, UTHKOOR

**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 **MATHS**  
(**Examiner No.18119** ) 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.
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regular/contract basis through a selection committee
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs VUSIKELA KARTHEEK**  
Lecturer in MATHS  
SAI CHAITHANYA DEGREE  
COLLEGE-NERADIGONDA

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18120** ) 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 BODAKUNTI RAJESHWAR**  
Lecturer in MATHS  
EKALAVYA DEGREE COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

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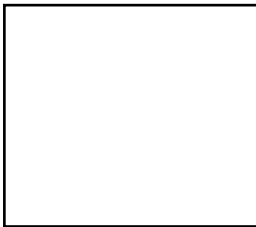
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18121** ) 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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**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 KASTURI SATHISH KUMAR**  
Lecturer in MATHS  
AZMARA REKHA SHYAM DEGREE COLLEGE  
JANNARAM ADILABAD

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18122** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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regular/contract basis through a selection committee
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs PILLALA MALLIKHARJUNRAO**  
Lecturer in MATHS  
VASAVI DEGREE COLLEGE ,BHAYYARAM

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18123** ) 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 CHILUVERU SRIDHAR**  
Lecturer in MATHS  
KESHAVA 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: 31-DEC-2024

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18124** ) 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 RUDROJU PAVANKUMAR**  
Lecturer in MATHS  
KAKATIYA DEGREE COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18125** ) 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 MALYALA KAVITHA**  
Lecturer in MATHS  
PADMAVATHI DEGREE COLLEGE

**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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18126** ) 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 G SARASWATHI**  
Lecturer in MATHS  
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**

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**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 **MATHS**  
(**Examiner No.18127** ) 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 SRI RAMULA LAXMI NARAYANA**  
Lecturer in MATHS  
Vedhatraya Degree College,Dilwarpur,Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18128** ) 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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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 T SAI KUMAR**  
Lecturer in MATHS  
Matrusri Degree College,Asifabad,Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18129** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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  
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VALUATION CAMP.**



To  
**Mr/Mrs UTLA MADHUSUDHAN**  
Lecturer in MATHS  
Kakatiya Degree  
College,myaderipet,Dandepally,Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18130** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs V D RAMARAO**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18131** ) 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 C PALLAVI**  
Lecturer in MATHS  
Sai Samath Degree College,Echoda,Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18132** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs S RAVI KUMAR**  
Lecturer in MATHS  
Sai Samath Degree College,Echoda,Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18133** ) 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 KAMAL KISHORE B**  
Lecturer in MATHS  
Kakatiya Degree College, Echoda, Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18134** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs VELISHALA DINESH**  
Lecturer in MATHS  
Kakatiya Degree College, Echoda, Adilabad

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18135** ) 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 LINGALA PURNACHANDAR**  
Lecturer in MATHS  
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

Date: 31-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 **MATHS**  
(**Examiner No.18136** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs DANTRALA RAVI**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18137** ) 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 K RAJINIKANTH**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

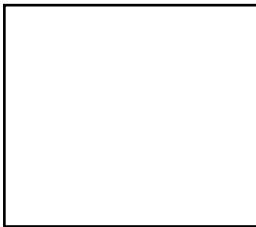
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18138** ) 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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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN  
VALUATION CAMP.**



To  
**Mr/Mrs B KRISHNA**  
Lecturer in MATHS  
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: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

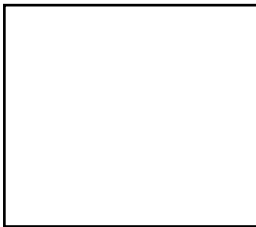
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18139** ) 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 DONTHULA MAMATHA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18140** ) 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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**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. K. RAJYA LAXMI**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18141** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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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VALUATION CAMP.**



To  
**Mr/Mrs B.HARIKA**  
Lecturer in MATHS  
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: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

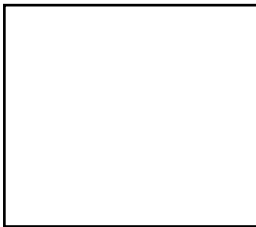
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18142** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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.SANDHYA KHAMMAM**  
Lecturer in MATHS  
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: 31-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 **MATHS**  
(**Examiner No.18143** ) 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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**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 A. SAMATHA**  
Lecturer in MATHS  
RESIDENTIAL DEGREE COLLEGES FOR  
WOMEN,BHUPALPALLI

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18144** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
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VALUATION CAMP.**



To  
**Mr/Mrs DR. T. PRADEEPA**  
Lecturer in MATHS  
RESIDENTIAL DEGREE COLLEGES FOR  
WOMEN,BHUPALPALLI

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18145** ) 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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**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs JINUKALA PRIYANKA**  
Lecturer in MATHS  
RESIDENTIAL DEGREE COLLEGES FOR  
WOMEN,BHUPALPALLI

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18146** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs DR. J. MANJULA**  
Lecturer in MATHS  
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: 31-DEC-2024

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ORDERS

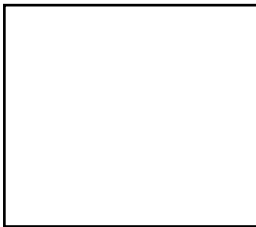
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18147** ) 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 KESABOINA SUJATHA**  
Lecturer in MATHS  
RESIDENTIAL DEGREE COLLEGES FOR  
WOMEN,KOTHAGUDEM

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18148** ) 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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**Venue:Examination Branch, Kakatiya University, Warangal.**

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VALUATION CAMP.**



To  
**Mr/Mrs THUDUM MANI**  
Lecturer in MATHS  
RESIDENTIAL DEGREE COLLEGES FOR  
WOMEN,KOTHAGUDEM

**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: 31-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 **MATHS**  
(**Examiner No.18149** ) 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 A. PALLAVI**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18150** ) 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 D ANJALI**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(BOYS),  
BOATH, ADILABAD DISTRICT

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18151** ) 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 KOTHAKONDA DIVYA**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
UTNOOR, ADILABAD DISTRICT

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18152** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 CHINTALA VASANTHA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18153** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue: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 K SNEHA DEEPA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18154** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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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 ALETI RAJANI**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
MAHABUBABAD DISTRICT

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18155** ) 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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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
2. Each examiner should value 30 scripts per session.
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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 S.LAVANYA**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
MAHABUBABAD DISTRICT

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18156** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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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 GADDE LAVANYA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18157** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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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 M.SIRISHA**  
Lecturer in MATHS  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 31-DEC-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 **MATHS**  
(**Examiner No.18158** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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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 VARIKUTI SPANDANA**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
BHADRADRI KOTHAGUEM DISTRICT

**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.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 **MATHS**  
(**Examiner No.18159** ) 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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**Venue:Examination Branch, Kakatiya University, Warangal.**

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Identity Card to the CE's before joining the spot valuation camp.
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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 NALIMELLA SATHISHKUMAR**  
Lecturer in MATHS  
TELANGANA TRIBAL WELFARE R D C(BOYS),  
MANUGURU, BHADRADRI KOTHAGUDEM  
DISTRICT

**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.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 **MATHS**  
(**Examiner No.18160** ) 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 MULKALA RAMESH**  
Lecturer in MATHS  
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

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STRICTLY CONFIDENTIAL

ORDERS

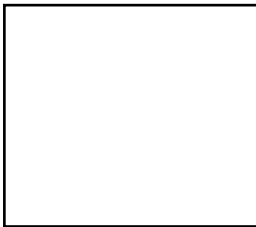
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18161** ) 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 G.UMA**  
Lecturer in MATHS  
MJPTBCW, RESIDENTIAL DEGREE  
COLLEGE,KHAMMAM

**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.1264/Spot/Exams/KU/2024

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**STRICTLY CONFIDENTIAL**

**ORDERS**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18163** ) 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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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 G.MAHENDER REDDY**  
Lecturer in MATHS  
VAAGDEVI DEGREE COLLEGE,

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18164** ) 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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and Salary Certificates to the Chairman, Board of Studies for joining spot valuation camp.
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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.RATHNA**  
Lecturer in MATHS  
VAAGDEVI DEGREE COLLEGE,

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18165** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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:

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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 SAMEENA AFREEN**  
Lecturer in MATHS  
VAAGDEVI DEGREE & PG COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18166** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 THAUTAM RAJU**  
Lecturer in MATHS  
GOVT DEGREE COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18167** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 M. MOUNIKA**  
Lecturer in MATHS  
JAAGRUTHI DEGREE COLLEGE FOR WOMENS,

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

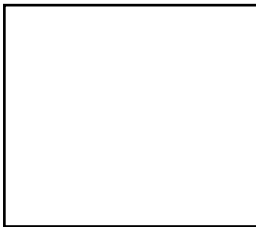
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18168** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 M. ANANYA SREE RATHNA**  
Lecturer in MATHS  
A V V DEGREE & PG COLLEGE,

**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.1264/Spot/Exams/KU/2024

Date: 31-DEC-2024

STRICTLY CONFIDENTIAL

ORDERS

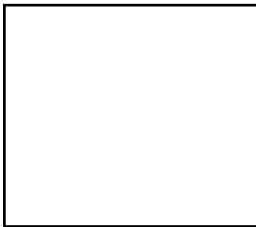
Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,III,V-Semester Exams 2024 -NOV  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **MATHS**  
(**Examiner No.18169** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 A. SRINIVAS**  
Lecturer in MATHS  
VAAGDEVI DEGREE & PG COLLEGE

**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.1264/Spot/Exams/KU/2024

Date: 31-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 **MATHS**  
(**Examiner No.18170** ) 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: 31-DEC-2024, 02.00 pm to 06.00 pm**  
**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 MERUGU KAVITHA**  
Lecturer in MATHS  
MASTERJI 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**

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**Signature**