



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17190 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs Dr. Renuka Gattu**  
Lecturer in ZOOLOGY  
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**



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I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17191 ) for the valuation of Answer scripts of  
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To  
**Mr/Mrs T. DHEERAJU**  
Lecturer in ZOOLOGY  
VAAGDEVI DEGREE COLLEGE, KISHANPURA,  
HANAMKONDA

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To  
**Mr/Mrs BOKKA SHAINI**  
Lecturer in ZOOLOGY  
VAAGDEVI DEGREE COLLEGE, KISHANPURA,  
HANAMKONDA

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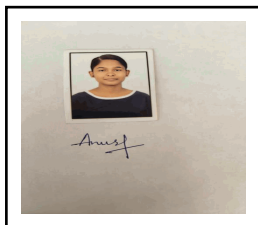
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To  
**Mr/Mrs BASHIKA ANUSHA**  
Lecturer in ZOOLOGY  
VAAGDEVI DEGREE COLLEGE, KISHANPURA,  
HANAMKONDA

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(Examiner No.17001 ) for the valuation of Answer scripts of  
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To  
**Mr/Mrs DR.GANESH KONDA**  
Lecturer in ZOOLOGY  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17002 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR.T.BHEEM RAO**  
Lecturer in ZOOLOGY  
GOVT DEGREE COLLEGE, PARKAL

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**DECLARATION**

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(Examiner No.17003 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR.T.D.DINESH**  
Lecturer in ZOOLOGY  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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**DECLARATION**

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(Examiner No.17004 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR. V. ANIL KUMAR**  
Lecturer in ZOOLOGY  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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To  
**Mr/Mrs DR A SANJEEVAIAH**  
Lecturer in ZOOLOGY  
KAKATIYA GOVT. COLLEGE, HANAMKONDA

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**DECLARATION**

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(Examiner No.17006 ) for the valuation of Answer scripts of  
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To  
**Mr/Mrs G.PRASHANTHI**  
Lecturer in ZOOLOGY  
LAL BAHADUR COLLEGE, NEAR MULUG ROAD,  
WARANGAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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To  
**Mr/Mrs DR. J. LAKANSINGH**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, NARSAMPET

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**DECLARATION**

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To  
**Mr/Mrs SANTHOSHKUMAR M**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, MAHABUBABAD

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

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**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17009 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 VENKATESHWARLU**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, MAHABUBABAD

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17010 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs VANGALA ANJANI DEVI**  
Lecturer in ZOOLOGY  
SR ARTS & SCIENCE 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**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17011 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs M SRINIVAS SARIN**  
Lecturer in ZOOLOGY  
J V R GOVT. COLLEGE, SATHUPALLY

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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**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..

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(Examiner No.17012 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs K RAVIKUMAR**  
Lecturer in ZOOLOGY  
J V R GOVT. 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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17013 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR A SRINU**  
Lecturer in ZOOLOGY  
GOVT. 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

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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17014 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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To  
**Mr/Mrs DR. K.RAJ KUMAR**  
Lecturer in ZOOLOGY  
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**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17015 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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To  
**Mr/Mrs DR.M.NARSING RAO**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17016 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs J. VIJAYA KUMAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17017 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR.D.KRISHNA GOAP RAO**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17018 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs V.KARUNAKAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17019 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs M UGENDER**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17020 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR. PEESARI LAXMAN**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17021 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs BADAVATH SUMAN**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17022 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 B.MADHAVI**  
Lecturer in ZOOLOGY  
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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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17023 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 A.KASHEENADHAM**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17024 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR.P.SURESH**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17025 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 J.SANDHYA**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17026 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 P. TEJASWINI**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17027 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 G KUMARASWAMY**  
Lecturer in ZOOLOGY  
MASTERJI DEG.&P.G.COL., 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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17028 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 RAVULA NARESH**  
Lecturer in ZOOLOGY  
VIGNANA BHARATHI DEGREE COLLEGE,  
MAHABUBABAD

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17029 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BASHETTI NAGARAJU**  
Lecturer in ZOOLOGY  
EKASILA DEGREE COLLEGE, JANGAON

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17030 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 N.MAMATHA**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17031 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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.RAMANACHARY**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17032 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 T.SWATHI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17033 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs U.SRINIVAS**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17034 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 SOMA MANJULA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17035 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 ALLAM MARREDDY**  
Lecturer in ZOOLOGY  
VIDYA JYOTHI DEG.&P.G.COLLEGE, STN.  
GHANPUR

**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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17036 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 AMBEERU SRAVANTHI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17037 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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3. The examiner should sign and write the number of his/her examiner number on all the scripts valued by him/her.
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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs J THIRUPATHAMMA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17038 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 KANCHARLA RAVINDRABABU**  
Lecturer in ZOOLOGY  
BBM VARI GAYATRI DEG. & P.G.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

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17039 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs GANDRA KAVITHA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17040 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BOLLEPOGU VENKATAKUMAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17041 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 ALAVALA VENKATA KRISHNA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17042 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 THANDA .HAREESH**  
Lecturer in ZOOLOGY  
SAMATHA DEGREE COLLEGE, THORRUR

**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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17043 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 B SRINIVASA RAO**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17044 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 KANCHEPOGU ANANDARAO**  
Lecturer in ZOOLOGY  
PRATHIBHA DEGREE COLLEGE, KALLURU

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17045 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 MARAPALLI VYSHNAVI**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17046 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs U SHARVANI**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17047 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 A SUNANDA**  
Lecturer in ZOOLOGY  
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**

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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..

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(Examiner No.17048 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs BOGI KRISHNAIAH**  
Lecturer in ZOOLOGY  
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**





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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17049 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BYRI PRAGATHI**  
Lecturer in ZOOLOGY  
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**



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17050 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs V RAJITHA**  
Lecturer in ZOOLOGY  
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**



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17051 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
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To  
**Mr/Mrs D.RAVINDER**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17052 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 ARISHEPALLI SATYANANDAM**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17053 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR MD KALEEM**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17054 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs B MAHESH**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17055 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs BELLAMKONDA CHAITHANYA**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17056 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs POLISETTY YAMUNA RANI**  
Lecturer in ZOOLOGY  
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

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17057 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 S PRAVCEEN KUMAR**  
Lecturer in ZOOLOGY  
SRI CHAITANYA WOMEN'S DEGREE  
COLLEGE,BHEEMARAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17058 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 HUMA KOUSER**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17059 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 PRAVEEN KUMAR.K**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17060 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 RAMAKRISHNA.S**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17061 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 G SADAIAH**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17062 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BODDU JAGADISH**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17063 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs G CHANDRASHEKAR**  
Lecturer in ZOOLOGY  
GANAPATHI DEGREE COLLEGE, MAHADEVPUR  
ROAD, PARKAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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

**Signature**



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

No.1264/Spot/Exams/KU/2024

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Appointment of Examiner - Reg..

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(Examiner No.17064 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs PRIYANKA PATLA**  
Lecturer in ZOOLOGY  
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**





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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17065 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs GORRE SUSHMITHA**  
Lecturer in ZOOLOGY  
ACHARYA DEGREE COLLEGE, NARSAMPET

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17066 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BOGOJU HARITHA**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17067 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs ADEPU RUDHIRA**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17068 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 RAJU NALAMASA**  
Lecturer in ZOOLOGY  
NALANDA DEGREE COLLEGE, MAHABUBABAD

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

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STRICTLY CONFIDENTIAL

**ORDERS**

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17069 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs P GIRIBABU**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17070 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 CHELLA VENKATESHAM**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17071 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 B.NAGESWAR RAO**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17072 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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**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 THUPAKULA VENU**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17073 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR. S. SURESH BABU**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

**ORDERS**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17074 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 Y SUNIL**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17075 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs RAVULA DEVIDAS**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17076 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs CHENI DANAIAH**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17077 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs P BHOJARAM**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17078 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs O SRINIVAS**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17079 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 SHIVAJI MENCHULA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17080 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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. ARAVIND**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17081 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 KALAL SWAPNA**  
Lecturer in ZOOLOGY  
VAAGDEVI ARTS & SCIENCE DEGREE COLLEGE,  
BHUKTAPUR,

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17082 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BARATHALA SHYLENDRA KUMAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

**ORDERS**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17083 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 CHINTHALAPELLI PRAVEEN**  
Lecturer in ZOOLOGY  
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**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17084 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 GIREESH D**  
Lecturer in ZOOLOGY  
VIKAS DEGREE COLLEGE, PONKAL, JANNARAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17085 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 SUMAN MANDAL**  
Lecturer in ZOOLOGY  
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

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17086 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 DAMALA GURUSWAMY**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17087 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs G BHAVRAO**  
Lecturer in ZOOLOGY  
GEERVANI DEGREE COLLEGE, MUDHOL,  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17088 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs BHEEMOJI CHANDRASHEKAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

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(Examiner No.17089 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 SADAK**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17090 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR. SWAMY UPPULA**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, ETURUNAGARAM,  
WGL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17091 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 D.HEMALATHA**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, CHERIAL, WARANGAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

---

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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(Examiner No.17092 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs P SUBHASHINI**  
Lecturer in ZOOLOGY  
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

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17093 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR.V.RAJAIAH**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

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(Examiner No.17094 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs P.ROHINI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17095 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 THUMU SARADA**  
Lecturer in ZOOLOGY  
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**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17096 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs BURGULA KAVITHA**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, NELAKONDAPALLY,  
KHAMMAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17097 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 ZOOLOGY  
GOVT. DEGREE COLLEGE, NELAKONDAPALLY,  
KHAMMAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17098 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs BONAGIRI KUMARASWAMY**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17099 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR.PATHI CHANDRASHEKAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17100 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR.A.SRINIVAS REDDY**  
Lecturer in ZOOLOGY  
GOVT. DEGREE COLLEGE, PARKAL,WARANGAL  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17101 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs KAMISHETTI RAMESH**  
Lecturer in ZOOLOGY  
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

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17102 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs JADI MADHUSUDHAN**  
Lecturer in ZOOLOGY  
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

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17103 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs S.SUNIL**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17104 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs K.VISHNUVARDHAN**  
Lecturer in ZOOLOGY  
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**





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

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STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17105 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 D JOHN BARNABAS**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17106 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 P RAJANARSAIAH**  
Lecturer in ZOOLOGY  
LMR DEGREE COLLEGE, KANNAPUR,

**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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17107 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 LINGALA SOUMYA**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17108 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 S. SRINIVAS REDDY**  
Lecturer in ZOOLOGY  
MATHRU SRI DEGREE COLLEGE FOR WOMEN,  
BHEEMARAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17109 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 SHAGA SWATHI**  
Lecturer in ZOOLOGY  
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**

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

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17110 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 MINNALAPURAM NAGENDRA**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17111 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 P KISHAN**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17112 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 DUDAPAKASAMPATH**  
Lecturer in ZOOLOGY  
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**





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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17113 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs B. VENKATA NARAYANA**  
Lecturer in ZOOLOGY  
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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17114 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs PULI ANIL**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17115 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 CHOPPADANDI MADHAVI**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17116 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs M.SWAPNA**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17117 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs KRISHNA LOHITH**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17118 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 MD WAZITH**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17119 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 AHMAD PASHA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17120 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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.
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 RAMESH**  
Lecturer in ZOOLOGY  
SRI HARSHA DEGREE COLLEGE,BELLAMPALLI  
MANCHIRYAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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**Signature**





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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17121 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs VEMULA VENU**  
Lecturer in ZOOLOGY  
SRI HARSHA DEGREE COLLEGE,BELLAMPALLI  
MANCHIRYAL

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

---

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17122 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 T SATHANNA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17123 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs THUNIKIPATI NAGENDRACHARY**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17124 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 NOMULA SUMAN**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17125 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 G. VENKATESWARLU**  
Lecturer in ZOOLOGY  
SRI SRI VEERABADRASWAMY 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: 25-MAY-2025

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17126 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 BHUKYA RAJU**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17127 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs P SRINIVAS**  
Lecturer in ZOOLOGY  
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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17128 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs K MOHAN**  
Lecturer in ZOOLOGY  
TRIDEVI 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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17129 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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.
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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 GADE ISAK**  
Lecturer in ZOOLOGY  
Bhadruka Degree College, Togarrai, Girnibavi,  
Duggondi, 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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17130 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs B SUMAN**  
Lecturer in ZOOLOGY  
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

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17131 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs PATTIPAKA KRUSHNALOHITH**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17132 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs BODAKUNTI RAJESHWAR**  
Lecturer in ZOOLOGY  
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**



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KAKATIYA UNIVERSITY, WARANGAL - 506 009

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

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Appointment of Examiner - Reg..

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(Examiner No.17133 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs JANAGAMA NAVALA**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17134 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 GANGADAS**  
Lecturer in ZOOLOGY  
Sraddha Degree College,mudhole,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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17135 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 R SATYANARAYANA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

**ORDERS**

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17136 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 PARPELLI SAI KIRAN**  
Lecturer in ZOOLOGY  
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**





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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17137 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs SWAMY K**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17138 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs KANUGULA KUMARASWAMY**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17139 ) for the valuation of Answer scripts of  
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To  
**Mr/Mrs MARAMPALLY NAVEEN KUMAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17140 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR SANDHYA K**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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(Examiner No.17141 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 SABBIDI NAVEEN KUMAR**  
Lecturer in ZOOLOGY  
CHATRAPATHI DEGREE COLLEGE

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17142 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR.P.VEENA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

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(Examiner No.17143 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR RAMA VEMULA**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17144 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs YELUPULA PLASI MARGARET**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17145 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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.B. KALYANI**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17146 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 SOMPALLI SANDHYA RANI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17147 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 GUNTI JYOTHI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17148 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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6. The examiner should bring one stamp size photograph.
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To  
**Mr/Mrs EESAM SAMYUKTA RANI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17149 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs DR.V.VIMALA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17150 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs P VITTAL**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17151 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 NAZIA TABASSUM**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17152 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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6. The examiner should bring one stamp size photograph.
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To  
**Mr/Mrs JUMIDI HIMALAYADEVI**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

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ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17153 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 A.ARCHANA**  
Lecturer in ZOOLOGY  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
ASIFABAD, KOMURAMBHEEM ASIFABAD  
DISTRICT

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17154 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 J.KALYANI**  
Lecturer in ZOOLOGY  
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**

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

**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17155 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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.VANAJA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17156 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 DR.RUBINA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17157 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**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 KAMARTAPU RAJITHA**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17158 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 MANNE NARESH KUMAR**  
Lecturer in ZOOLOGY  
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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17159 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 BODA BHADRU**  
Lecturer in ZOOLOGY  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
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

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17160 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs PONNAM ANJALI**  
Lecturer in ZOOLOGY  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
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

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17161 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs TAGARAM YASHODHA**  
Lecturer in ZOOLOGY  
TELANGANA TRIBAL WELFARE R D C(GIRLS),  
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

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17162 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 KOTA VISHNUVARDHAN REDDY**  
Lecturer in ZOOLOGY  
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**

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**Signature**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17163 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR. D. BALAKRISHNA**  
Lecturer in ZOOLOGY  
UNIV. ARTS & SCIENCE 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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17164 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR. T. BIKSHAPATHI**  
Lecturer in ZOOLOGY  
UNIV. ARTS & SCIENCE 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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17165 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs DR. N. ACHIAH**  
Lecturer in ZOOLOGY  
UNIV. ARTS & SCIENCE 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: 25-MAY-2025

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17166 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR. G. SHIVA KUMAR**  
Lecturer in ZOOLOGY  
UNIV. ARTS & SCIENCE 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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17167 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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6. The examiner should bring one stamp size photograph.
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To  
**Mr/Mrs B. PRABHAKAR**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17168 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs P. RAJ KUMAR**  
Lecturer in ZOOLOGY  
KESHAVA DEGREE COLLGE 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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17169 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 MAMILLA DATHU**  
Lecturer in ZOOLOGY  
Sri Raja Rajeswari 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**



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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17170 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 BABU KOPPULA**  
Lecturer in ZOOLOGY  
KESHAVA DEGREE COLLGE 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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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17171 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 RAVULA HIMABINDU**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17172 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs PEDDI SRIDEVI**  
Lecturer in ZOOLOGY  
SIDDHARTHA DEGREE & PG 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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17173 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs V. VANI**  
Lecturer in ZOOLOGY  
MASTERJI DEGREE.&P.G.COLLEGE., 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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17174 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs AARELLI SWAPNA**  
Lecturer in ZOOLOGY  
SIDDARTHA DEGREE & P.G 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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17175 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs S. KAMESHWARI DEVI**  
Lecturer in ZOOLOGY  
VIDYA JYOTHI DEGREE & P.G.COLLEGE, STN.  
GHANPUR

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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

**Signature**



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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17176 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs THIRUKACHI RAJYALAXMI**  
Lecturer in ZOOLOGY  
VAAGDEVI DEGREE COLLEGE, KISHANPURA

**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: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17177 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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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 ANKAM SANDHYARANI**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17178 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs DR. SREENIVAS MANDA**  
Lecturer in ZOOLOGY  
VAAGDEVI DEGREE & PG 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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17179 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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. NIRMALA**  
Lecturer in ZOOLOGY  
JESUS MARY JOSEPH DEGREE COLLEGE  
KARUNAPURAM

**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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17180 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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.BHARGAVI**  
Lecturer in ZOOLOGY  
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**



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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17181 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 G. SHRAVANI**  
Lecturer in ZOOLOGY  
SREE SREE VEERABHADRASWAMY DEGREE  
COLLEGE KURAVI

**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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17182 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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5. A copy of the orders are sent to the Principal concerned with a request to relieve only those who are appointed on regular/contract basis through a selection committee
6. The examiner should bring one stamp size photograph.
7. **THE EXAMINER SHOULD WEAR IDENTITY CARD SUPPLIED BY EXAM BRANCH EVERYDAY IN VALUATION CAMP.**



To  
**Mr/Mrs DR. N. RAJU**  
Lecturer in ZOOLOGY  
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**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17183 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
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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 MUKKERA KARTHIK**  
Lecturer in ZOOLOGY  
MATHRU SRI DEGREE COLLEGE FOR WOMEN,  
BHEEMARAM

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17184 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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To  
**Mr/Mrs SRINIVAS JATHOTHU**  
Lecturer in ZOOLOGY  
MAHARSHI DEGREE & P.G. 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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17185 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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



To  
**Mr/Mrs KEDARI HEMA DEVI**  
Lecturer in ZOOLOGY  
KAKATIYA DEGREE COLLEGE PASRA

**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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17186 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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 SUDAGONI ANITHA**  
Lecturer in ZOOLOGY  
Sri Raja Rajeswari Degree College ,jangaon,warangal

**CONTROLLER OF EXAMINATIONS**

**DECLARATION**

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

**Address**

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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 **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17187 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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6. The examiner should bring one stamp size photograph.
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To  
**Mr/Mrs KATKURI RAJKUMAR**  
Lecturer in ZOOLOGY  
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

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Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17188 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

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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
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To  
**Mr/Mrs MADDIKUNTA CHANTI**  
Lecturer in ZOOLOGY  
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**



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

No.1264/Spot/Exams/KU/2024

Date: 25-MAY-2025

STRICTLY CONFIDENTIAL

ORDERS

Sub: - K.U. Examination Branch (UG) - B.A/B.Com/B.Sc/B.B.A/BCA I,II,III,IV,V,VI-Semester Exams 2025 -MAY  
Appointment of Examiner - Reg..

I am pleased to inform you that you are appointed as Examiner in **PUBLIC HEALTH & HYGIENE**  
(Examiner No.17189 ) for the valuation of Answer scripts of  
B.A/B.Com/B.Sc/B.B.A/BCA.I,II,III,IV,V,VI-Semester Examinations, held in MAY- 2025.

**Date &Time of commencement of Valuation: 25-MAY-2025, 02.00 pm to 06.00pm**  
**Venue:Examination Branch, Kakatiya University, Warangal.**

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

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



To  
**Mr/Mrs K. VIJAYA**  
Lecturer in ZOOLOGY  
RESIDENTIAL DEGREE COLLEGE FOR WOMEN  
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**