



# Guru Gobind Singh Indraprastha University

Sector 16C, DWARKA, NEW DELHI - 110078 Website: <http://ipu.ac.in>

Form - E1

Paste Your Photo Here

## Form for Appointment of Evaluators

- Name & Designation : Radha Rani Rawat
- Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : AIRSR
- No. of Subjects taught during current semester/ year (in words): \_\_\_\_\_
- Subjects taught during current semester/ year of 02 B.Ed Sp. Ed. (PF) (Name of the programme)

S. No.	Paper Code	Subject
1.	BEDSE 218	Communication Option: Oralsism
2.	BEDSE	Inclusive Education

- PAN Number : BWYPR9393E
- Bank Account No. : 1409100400001486
- IFSC Code : PUNB0140910
- Bank Name : PNB
- Residential Address : Utsav Apartment, Rohini Sect-18, Delhi
- Mobile No. : 8452892627
- E-Mail ID : radharawat31@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

Radha Rani Rawat  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Radha Rani Rawat fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June 20 20 / Nov - Dec 20 20 End Term Exam.



   
(Name and Signature along with seal of Head of Institution)

\* Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.  
\*\* Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



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GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
"A State University established by the Govt. of NCT of Delhi"  
Sector 16-C, Dwarka, New Delhi-110 078



File

35

ID - 217

BBA/BBA(B&I)/BBA(CAM)

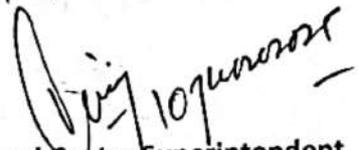
Spot Evaluation Centre-No.-02

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof Radha Rani Sawat

has evaluated the answer scripts of paper code Communication option-218, Inclusive-114

on dated 9/6/25, 10/6/25

  
Additional Centre Superintendent  
Spot Evaluation Centre-03

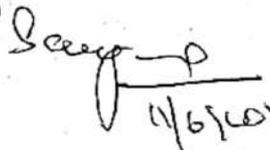
University School of Chemical Technology  
G.G.S. Indraprastha University  
Sector-14, Dwarka, New Delhi-110078



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Rachha Rawat
2. Outside Venue: GGSI PU
3. Purpose: Evaluation
4. Date & Timings: 10/6/2025
5. Authorised by: Ms. Sanjana Mittal Mahim
6. Time Out: 1:30 PM
7. Time In: Disposal from IPU

  
(Sig. of the Faculty)

  
10/6/2025

  
( Receptionist )

( Authorised Signatory )



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1 Name of the faculty: Ms. Radha Raveet

2 Outside location: IPU

3 Purpose: Evaluation

4 Date & Time: 9/6/25

5 Authorised by: Mrs. Sanyama Maam

6 Time Out: 11:15 AM

7 Time In: Dispersal from IPU

  
(Sig. of the Faculty)

  
(Receptionist)

( Authorised Signatory )





**Guru Gobind Singh Indraprastha University**  
Sector 16C, DWARKA, New Delhi - 110078 Website: <http://ipu.ac.in>



**Form for Appointment of Evaluators**

1. Name & Designation : MANSI VERMA Assistant Professor
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : AIRS Bhopal  
04/03/2020  
AIRS

3. No. of Subjects taught during current semester/ year (in words): Two Sem- 2025
4. Subjects taught during current semester/ year of 2nd and 4th (Name of the programme)

S. No.	Paper Code	Subject
01	R21SV11B	Curriculum development and strategies
02	R21SR-108	Teaching and extended curriculum
		Social Science

5. PAN Number : A12DV6831C
- \*\*6. Bank Account No. : 135901000003206
7. IFSC Code : TDRB 0001259
8. Bank Name : TDR
9. Residential Address : R21017 Vaidi No-5 main sejan puja 14th Delhi
10. Mobile No. : 9800241657
11. Email ID : Mansiverma1585@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. \_\_\_\_\_ fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20\_\_\_\_ / Nov-Dec, 20\_\_\_\_ End Term Exam.

(Name and sign of the Head of Institution)  
 \*\* Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words  
 \*\* Photocopy of Cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 & 10 to be submitted along with this form.

  
 04/06/2025



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File

ID-219

BBA/BBA(B&I)/BBA(CAM)

**Spot Evaluation Centre-No.-02**

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof Mansy Verma

has evaluated the answer scripts of paper code Curriculum Act for Pch-116

9/06/25 on dated 10/06/25

University School of Chemical Technol.  
G.G.S. Indraprastha University  
Additional Centre Superintendent  
Spot Evaluation Centre-2



(25)

ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

1. Name of the Person: Mansa VCrma
  2. Outgoing to: IPU
  3. Purpose: Evaluation
  4. Date & timings: 09/06/2025
  5. Authorised by: Mrs. Sansrni mihal
  6. Time Out: 11 Am
  7. Time to: Dispersal from IPU
- (Sig. of the Faculty) [Signature] 09/06/25 [Signature] ( Receptionist )  
( Authorised Signatory )



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Mansa Veena
2. Outside Venue: GGSTPU
3. Purpose: Evaluation
4. Date & Timings: 10/6/2025
5. Authorised by: Ms. Sanjana Ma'am
6. Time Out: 1:30 PM
7. Time In: Dispersal from IPU

[Signature]  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

[Signature]  
11/6/2025 (Authorised Signatory)





**Guru Gobind Singh Indraprastha University**  
Sector 16C, DWARKA, New Delhi-110078 Website: <http://ipu.ac.in>

Form - E1



**Form for Appointment of Evaluators**

- Name & Designation : Geeta Bhutani
- Name of Institution where working : AJRSR, Rohini, Delhi  
and date from which working or \_\_\_\_\_  
Name of institution from which \_\_\_\_\_  
retired and date of retirement \_\_\_\_\_
- No. of Subjects taught during current semester/ year (in words): 2<sup>nd</sup> sem. (one subjects) & 4<sup>th</sup> sem. (one subjects)
- Subjects taught during current semester/ year of B.Ed. S.P.(ED) (Name of the programme) (one subjects)

S. No.	Paper Code	Subject
1.	REDSE116	Curriculum Designing, Adaptation
2.	REDSE226	Vocational Training

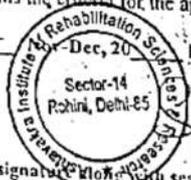
- PAN Number : ASLPR7138E
- Bank Account No. : 0241000100435845
- IFSC Code : PUNR0034100
- Bank Name : Punjab National Bank, Mohan Nagar, G-2-B.
- Residential Address : T-267, Govindpuram, Ghaziabad, U.P.
- Mobile No. : 9971224817
- E-Mail ID : geetabhutani1@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

Geeta  
(Name & Signature of Evaluator)

It is certified that Sh/Smt/Dr. Geeta Bhutani fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2025 End Term Exam.

(Name and signature of Head of Institution with seal of Head of Institution)




- Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.
- Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
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BCA/MCA(B.ED)

Spot Evaluation Centre-No.-04

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof Geeta Bhutani

has evaluated the answer scripts of paper code BEDSE 116

9/6/25 on dated 10/6/25 (one day)

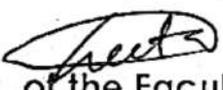
*Geeta Bhutani*  
10 June 2025

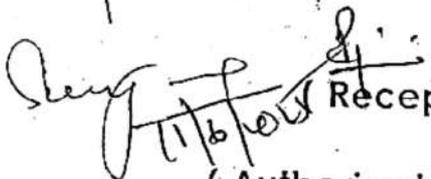
Additional Centre Superintendent  
Spot Evaluation Centre-04  
G.G.S. Indraprastha University  
Sector-16C, Dwarka, New Delhi-110078



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

1. Name of the faculty: Geeta Bhutani
2. Outside Venue: CGSI PU
3. Purpose: Evaluation
4. Date & Timings: 10/6/2025
5. Authorised by: Mrs. Sanjana Meiam
6. Time Out: 1:30 pm
7. Time In: Dispersal from IPU

  
(Sig. of the Faculty)

  
(Receptionist)  
( Authorised Signatory )



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

24

1. Name of the faculty: Geeta Bhutani
2. Outside Venue: AISS-FU
3. Purpose: Evaluation
4. Date & Timings: 9/6/25
5. Authorised by: Mrs. Sujana Mittal
6. Time Out: 11:00 am
7. Time In: Dispersal from IPV

[Signature]  
( Receptionist )

[Signature]  
( Authorised Signatory )







**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
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*File*

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JD-221

BBA/BBA(B&I)/BBA(CAM)

Spot Evaluation Centre-No.-02

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof. Jyoti

has evaluated the answer scripts of paper code 108.114 1226

on dated 9/6/25, 10/6/28 (orday)

*Vijay Prakash*  
 University School of Chemical Technolog  
 Additional Centre Superintendent  
 Spot Evaluation Centre-2



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Jyoti
- 2. Outside Venue: CCSTPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 10/6/2028
- 5. Authorised by: Ms. Sanyana Madan
- 6. Time Out: 1:30 PM
- 7. Time In: Discharged from IPU

[Signature]  
(Sig. of the Faculty)

[Signature]  
(Receptionist)

[Signature]  
11/6/2028  
Authorised Signatory



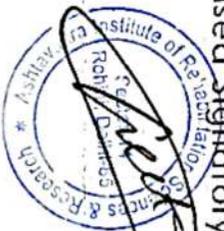
ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

File  
(20) 4

1. Name of the faculty: Jyoti
2. Outside Venue: TPU
3. Purpose: Evaluation.
4. Date & Timings: 9/6/2025
5. Authorised by: Ms. Sanyasi Malavi
6. Time Out: 11:00 am
7. Time In: Dispersed from TPU

[Signature]  
( Receptionist )

[Signature]  
( Authorised Signatory )



211

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ID: 211



# Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI-110078 Website: <http://ggu.ac.in>



## Form for Appointment of Evaluators

- Name & Designation : Prabhat Ranjan (Asst. Prof.)
- Name of Institution where working : Apbhavakra Institute of Rehabilitation Sciences & Research  
and date from which working or \_\_\_\_\_  
Name of institution from which \_\_\_\_\_  
retired and date of retirement \_\_\_\_\_
- No. of Subjects taught during current semester/ year (in words): \_\_\_\_\_
- Subjects taught during current semester/ year of B.Ed.S.E (Name of the programme)

S. No.	Paper Code	Subject
	BEdSE10122116	Curriculum Designing, Modification and Evaluation
	BEdSE142228	Basic Research Statistics

- PAN Number : CHZPR57346
- Bank Account No. : 42148536008
- IFSC Code : SBIN0030432
- Bank Name : SBI
- Residential Address : Ranibur Kaur - Post Nisheshangari Amethi 2027407
- Mobile No. : 9984171349
- E-Mail ID : 1ctprabhat@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Prabhat Ranjan fulfills the criteria for the appointment as evaluator

for above mentioned subject(s) of the University for May - June, 20 25 / Nov-Dec, 20 25 End Term Exam

(Name and signature along with seal of Head of Institution)

\* Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.  
 \*\* Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.





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BCA/MCA(B.ED)

Spot Evaluation Centre-No.-04

ID-211

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof Prabhat Ranjan  
 has evaluated the answer scripts of paper code 116  
 on dated 09/06/25

For [Signature] 9/6/2025  
 Additional Centre Superintendent  
 G.G.S. Indraprastha University  
 Spot Evaluation Centre-04  
 Sector-16C, Dwarka



*file*

(13)

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Prabhat Ranjan
2. Outside Venue: IPU, Dwarka
3. Purpose: Evaluation
4. Date & Timings: 09/06/25
5. Authorised by: Ms. Senjana Mittal
6. Time Out: 9:50 AM
7. Time In: 8:52 pm.

~~Prabhat Ranjan~~  
(Sig. of the Faculty)

Senjana Mittal  
09/06/25

[Signature]  
( Receptionist )

( Authorised Signatory )



File

19

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1 Name of the Faculty: Ms. ANDUSHKA SHARMA

2 Outside Venue: GGSIPU

3 Purpose: EVALUATION

4 Date & Timings: 09/06/2025

5 Authorised by: Ms. Sanyasa Mittal

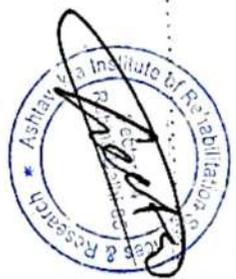
6 Time Out: 9:35 AM

7 Time In: Departed from IPU

Andushka  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )





GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
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 Sector 16-C, Dwarka, New Delhi-110 078



(18)

BCA/MCA(B.ED)

Spot Evaluation Centre-No.-04

ISD=207

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof ANUSHKA SHARMA  
 has evaluated the answer scripts of paper code 123116 / 834

on dated X 09/6/2025 X

for 916/2025

Additional Centre Superintendent  
 University School of Information Technology  
 Spot Evaluation Centre-04  
 U.O.S. Institution, University  
 Sector-16C, Dwarka, New Delhi-110078





GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
 "A State University established by the Govt. of NCT of Delhi"  
 Sector 16-C, Dwarka, New Delhi-110 078



18

BCA/MCA(B.ED)

Spot Evaluation Centre-No.-04

IPD-213

TO WHOM IT MAY CONCERN

This is to certify that Mr./Miss/Dr./Prof VIKAS KUMAR

has evaluated the answer scripts of paper code 100108

on dated 09/06/25

For  
 University School of Chemical Technology  
 Additonal. Centre Superintendent  
 Sector-5 Spot Evaluation Centre-04



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH

*file*

17

Movement Slip

1. Name of the Faculty:

Mr. VIKAS KUMAR

2. Outside Venue:

GGSIPU

3. Purpose:

EVALUATION

09/06/2025

5. Authorised by:

Mrs. Sangina Mittal

6. Time Out:

9:55 AM

7. Time In:

Dispersed from IPU

(Sig. of the Faculty)

*Kumar*

( Authorised Signatory )

*Receptionist*

( Receptionist )



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: TARUN PATANJALI
  2. Outside Venue: GH SIPU, DWARKA
  3. Purpose: Answer sheet Evaluation
  4. Date & Timings: Thu, Jun 5th, 2025
  5. Authorised by: Mrs. Sangam ma'am
  6. Time Out: 12:30
  7. Time In: 8:24 from \_\_\_\_\_
- (Sig. of the Faculty) [Signature] Sangam (Receptionist)  
(Authorised Signatory) [Signature] (Authorised Signatory)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**

**Movement Slip**

File (14)

1. Name of the faculty: HARSH KUMAR
  2. Outside Venue: IPU
  3. Purpose: Fieldwork
  4. Date & Timings: 09/06/2025
  5. Authorised by: Mrs. Sanyasa Mukherjee
  6. Time Out: 11:15 Am
  7. Time In: 8:51 pm
- (Sig. Of the Faculty) [Signature] (Receptionist) [Signature]
- ( Authorised Signatory ) [Signature]



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Sandeep Upadhyay
  2. Outside Venue: GEMS IGV
  3. Purpose: Evaluation
  4. Date & Timings: 21/6/25 12:30PM
  5. Authorised by: Mrs. Sangeeta Meem
  6. Time Out: 12:30PM
  7. Time In: 6:00 PM
- (Sig. of the Faculty) [Signature] (Receptionist) [Signature]  
(Authorised Signatory) [Signature]



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

57

1. Name of the faculty: Sandeep Tiwari
2. Outside Venue: GGSIPLU
3. Purpose: Evaluation
4. Date & Timings: 21/06/2025 12:30 Pm
5. Authorised by: Deputy Director Mrs. Sanyama Chahal Ma
6. Time Out: 12:30 Pm
7. Time In: 5:50 pm

R  
( Receptionist )

(Sig. of the Faculty) R  
22/6/2025 Authorised Signatory )



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

1. Name of the faculty: Nitinder Srivastava
2. Outside Venue: GOSIP University
3. Purpose: Evaluation & ABC ID Work
4. Date & Timings: 11<sup>th</sup> June, 2025
5. Authorised by: Ms. Sanjana Mittal nam
6. Time Out: 1:50 pm
7. Time In: 9:05 pm

(Sig. of the Faculty)

[Signature]  
11/6/25

[Signature]  
11/6/25 (Receptionist)

( Authorised Signatory )



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Vishal Srivastava
- 2. Outside Venue: GGSIP University
- 3. Purpose: Evaluation & ABC ID Mark
- 4. Date & Timings: 11th June, 2025
- 5. Authorised by: Ms. Sanjana Mittal
- 6. Time Out: 1:50 pm
- 7. Time In: 9:05 pm

(Sig. of the Faculty) [Signature]  
 (Sig. of the Receptionist) [Signature]  
 ( Authorised Signatory )



Movement Slip

- 1. Name of the faculty: Harish Kumar
- 2. Outside Venue: GGSIPU
- 3. Purpose: Evaluation -
- 4. Date & Timings: 21/06/2025 12:30
- 5. Authorised by: Mrs. Sangama Mittal Maam
- 6. Time Out: 12:30 PM
- 7. Time In: 5:12 PM

[Signature]  
(Sig. of the Faculty)

[Signature]  
22/6/2025

[Signature]  
( Receptionist )

( Authorised Signatory )



### Spot Evaluation Centre 5

Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Ausika Sharma  
ID No. 417 has evaluated the answer sheets of  
code 12320 at this centre on the dates mentioned below:

21/12/24							

(Signature of Centre Sudd./Addl. Centre Supt.)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Ms. ANOUSHKA SHARMA
- 2. Outside Venue: GGS IPU
- 3. Purpose: EVALUATION DUTY
- 4. Date & Timings: 21-12-2024
- 5. Authorised by: Mrs. Sayani Mittal
- 6. Time Out: 9:30 AM
- 7. Time In: Dispersal from IPU

Anushka  
(Sig. of the Faculty)

Receptionist  
(Receptionist)  
Prof. Mittal  
(Authorised Signatory)



# Spot Evaluation Centre 5

Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Auslika Sharma  
ID No. 417 has evaluated the answer sheets of  
code 123201 at this centre on the dates mentioned below:

21/12/24							

(Signature of Centre Supt./Addl. Centre Supt.)  
*[Signature]*  
21/12/24



# Spot Evaluation Centre 5

73

Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. VIKAS kumar  
ID No. 418 has evaluated the answer sheets of  
code 100109 at this centre on the dates mentioned below:

21/12/24							

(Signature of Centre Sudd./Addl. Centre Suddt.)

21/12/24



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Mr. VIKAS KUMAR
- 2. Outside Venue: GGSIPO
- 3. Purpose: EVALUATION DUTY
- 4. Date & Timings: 21-12-2024
- 5. Authorised by: Mrs. Soujanya Mittal
- 6. Time Out : 9:30 Am
- 7. Time In: Dispersal from IPU

(Sig. of the Faculty)

*[Handwritten signature]*

( Receptionist )

*[Handwritten signature]*

( Authorised Signatory )

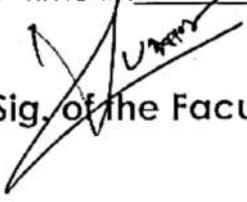
*[Handwritten signature]*  
*[Handwritten date: 20/12/2024]*



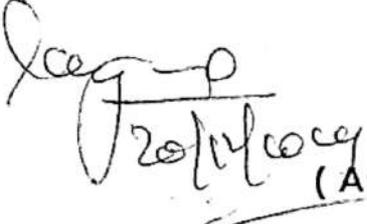
72

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Mr. VIKAS KUMAR
- 2. Outside Venue: GGSIPU
- 3. Purpose: EVALUATION DUTY
- 4. Date & Timings: 21-12-2024
- 5. Authorised by: Mrs. Sanyasa Mittal
- 6. Time Out: 9:30 AM
- 7. Time In: Dispersal from IPU

  
(Sig. of the Faculty)

  
( Receptionist )

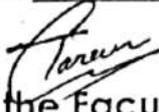
  
( Authorised Signatory )



(62)

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Tareen
2. Outside Venue: CGSI PU
3. Purpose: Evaluation
4. Date & Timings: 20/12/24
5. Authorised by: Mrs. Sanjana Meiram
6. Time Out: 9:40
7. Time In: Dispose from IPU

  
(Sig. of the Faculty)

  
( Receptionist )

( Authorised Signatory )



# Spot Evaluation Centre 5

Room Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Tarun  
ID No. BEAS 405 has evaluated the answer sheets of  
code BEDSE 103 at this centre on the dates mentioned below:

20/12/24							

(Signature of Centre Sudd./Addl. Centre Suddt.)  
*[Signature]*  
20/12/24



# Spot Evaluation Centre 5

Room Room No.-D-212(C) (BCA, MCA; BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Tarun  
ID No. BEES 405 has evaluated the answer sheets of  
code BEDSE 103 at this centre on the dates mentioned below:

20/12/24							

(Signature of Centre Sudd./Addl. Centre Sudd.)  
*[Signature]*  
20/12/24



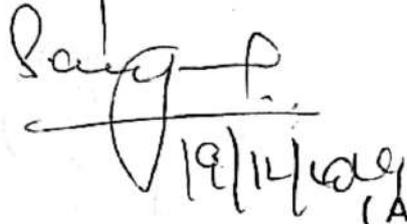
52

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Prabhut Ramjan
2. Outside Venue: OSIPU.
3. Purpose: Evaluation for External Exam at B.Ed
4. Date & Timings: 19-12-2024 - 9:30 AM
5. Authorised by: Ms. Sangana Mittal
6. Time Out: 9:30 AM
7. Time In: 8:00 pm

  
(Sig. of the Faculty)

  
( Receptionist )

  
( Authorised Signatory )



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

51

1. Name of the faculty: Prabhut Ramgan
2. Outside Venue: GGSIPU.
3. Purpose: Evaluation for External Exam of B.Ed
4. Date & Timings: 19-12-2024 - 9:30 AM
5. Authorised by: Mai Sangana Mittal
6. Time Out: 9:30 AM
7. Time In: 8:00 pm

[Signature]  
(Sig. of the Faculty)

[Signature]  
(Receptionist)

[Signature]  
(Authorised Signatory)



# Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Rabhat Rajan,  
ID No. 419 has evaluated the answer sheets of  
code 20S, 207 at this centre on the dates mentioned below:

19/12/24	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/

(Signature of Centre Supt./Addl. Centre Supt.)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**

**Movement Slip**

- 1. Name of the faculty: Mr. VIKAS KUMAR
- 2. Outside Venue: GGSIPU
- 3. Purpose: EVALUATION DUTY
- 4. Date & Timings: 19-12-2024
- 5. Authorised by: Mrs. SANJANA MITTAL
- 6. Time Out : 9:30 AM.
- 7. Time In: Dispersal from IPU

Vikas Kumar  
(Sig. of the Faculty)

[Signature]  
(Receptionist)  
[Signature]  
(Authorised Signatory)

11. I certify that I have no near relative appearing for the aforesaid course/ subject

It is certified that I have no near relative appearing for the aforesaid course/ subject

VIKAS KUMAR  
(Name & Signature of Evaluator)

It is certified that Sh/Smt/Dr VIKAS KUMAR fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2024 / Nov-Dec, 2024 End Term Exam

[Signature]  
(Name and signature of Head of Institution)

- Deans/ Directors / Principals are requested to ensure that No. of Subjects is written in words.  
- Photocopy of cheque of evaluator's account bearing details mentioned at serial nos. 5, 6 & 7 is to be submitted along with this form.

[Signature]



# Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI-110078 Website: <http://ipu.ac.in>

Form - E1



## Form for Appointment of Evaluators

1. Name & Designation : VIKAS KUMAR
2. Name of Institution where working : AIRSR, Rohini, DELHI - 110085  
and date from which working or 14 APRIL 2021  
Name of institution from which  
retired and date of retirement \_\_\_\_\_
3. No. of Subjects taught during current semester/ year (in words): \_\_\_\_\_
4. Subjects taught during current semester/ year of B.ED SE (Name of the programme)

S. No.	Paper Code	Subject
	<u>BEDSE 209</u>	<u>PERFORMING AND VISUAL ARTS</u>
	<u>BEDSE 207</u>	<u>Reading and Reflecting on Texts</u>
	<u>BED100101</u>	<u>Human Growth and development</u>

5. PAN Number : CAVPK5018F
6. Bank Account No. : 36407509689
7. IFSC Code : SBIN0030432
8. Bank Name : SBI
9. Residential Address : H.NO - 189, GALI NO - 17, WAZIRABAD VILLAGE - DELHI - 110084
10. Mobile No. : 9555502444
11. E-Mail ID : VIKASTIGER21@GMAIL.COM

It is certified that I have no near relative appearing for the aforesaid course/ subject.

VIKAS KUMAR  
(Name & Signature of Evaluator)

It is certified that Sh/Smt. Dr. VIKAS KUMAR fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20\_\_\_\_ / Nov-Dec, 20 24 End Term Exam.

(Name and signature along with seal of Head of Institution)

- Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words.
- Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



### Spot Evaluation Centre 5

Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. VIKAS KUMAR  
ID No. 418 has evaluated the answer sheets of  
code 100101, 100101 at this centre on the dates mentioned below:

19/12/24	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/

(Signature of Centre Sudd./Addl. Centre Supdt.)



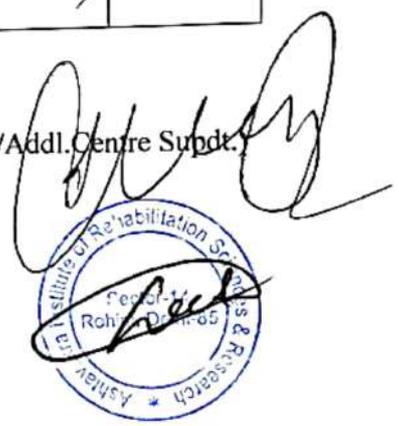
### Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25  
Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Amolika Sharma  
ID No. 417 has evaluated the answer sheets of  
code 100101, 123205 at this centre on the dates mentioned below:

19/12/24	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/

(Signature of Centre Supt./Addl. Centre Supt.)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH

59

Movement Slip

1. Name of the faculty: MS. ANOUSHKA SHARMA
2. Outside Venue: GGSIPO
3. Purpose: EVALUATION DUTY
4. Date & Timings: 19-12-2024
5. Authorised by: Ms. SANJANA MITTAL
6. Time Out: 9:30 AM
7. Time In: Dispersal from IPU

Anoushka  
(Sig. of the Faculty)

Sanjana Mittal  
(Authorized Signatory)

[Signature]  
( Receptionist )





# Guru Gobind Singh Indraprastha University

SECTOR 14C, DWARKA, NEW DELHI-110078 Website: <http://www.ggsindia.ac.in>

Form - EI



## Form for Appointment of Evaluators

- Name & Designation : Anoushka Sharma (Asst. Prof.)
- Name of Institution where working : Mrs. P. Rohini Sec - 14 Delhi  
and date from which working or : 1<sup>st</sup> Sept. 2022
- Name of institution from which retired and date of retirement : \_\_\_\_\_
- No. of Subjects taught during current semester/ year (in words): Four
- Subjects taught during current semester/ year of BED SE LD (Name of the programme)

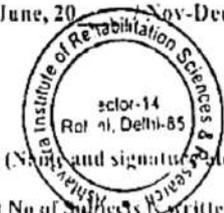
S. No.	Paper Code	Subject
1	100101	Human Growth and Development
2	100107	Introduction to Neuro Developmental Disability
3	123201	Intervention and Teaching Strategies
4	123205	Psycho social and Family Issue

- PAN Number : HZXP55440F
- Bank Account No. : 1795101052182
- IFSC Code : CNPB0001705
- Bank Name : CHINARA BANK
- Residential Address : 110621, SODHASTH PARK, Delhi- 110032
- Mobile No. : 7838389205
- E-Mail ID : anoushka.sharma.96@gmail.com

It is certified that I have no near relative appearing for the aforesaid course/ subject.

Anoushka  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Anoushka Sharma fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 2023 / Nov-Dec, 2023 End Term Exam.



[Signature]  
(Name and signature along with seal of Head of Institution)

- Deans/ Directors / Principals are requested to ensure that No. of subjects is written in words.  
- Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



Movement Slip

1. Name of the faculty: Dinesh Kumar Bindal
2. Outside Venue: GGSIPU
3. Purpose: Evaluation. for External Examination of BCU
4. Date & Timings: 19-12-2024 - 9:30 Am
5. Authorised by: Mr. Sanjana Mittal
6. Time Out: 9:30 Am
7. Time In: 8:00 pm

[Signature]  
(Sig. of the Faculty)

[Signature]  
(Receptionist)  
[Signature]  
(Authorised Signatory)



1. Name of the faculty: Dinesh Kumar Bishnoi
2. Outside Venue: GGSIPU
3. Purpose: Evaluation. Jan External Examination of BPU
4. Date & Timings: 19-12-2024 - 9:30 Am
5. Authorised by: Mr. Sanjana Mittal
6. Time Out: 9:30 Am
7. Time In: 8:00 pm

[Signature]  
(Sig. of the Faculty)

[Signature]  
(Receptionist)  
[Signature]  
(Authorised Signatory)



### Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Dinesh Kumar Bindal  
ID No. 416 has evaluated the answer sheets of  
code 101, 203, 207 at this centre on the dates mentioned below:

19/12/24							

(Signature of Centre Sudd./Addl. Centre Supt.)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Mr. VIKAS KUMAR
2. Outside Venue: GGSIU
3. Purpose: UR DUTY
4. Date & Timings: 16-12-2024
5. Authorised by: Mrs. SANTANA MITAL
6. Time Out: 06:00 AM
7. Time In: 10:10 PM

*Vikas*  
(Sig. of the Faculty)

*Santana*  
16/12/2024  
(Authorised Signatory)

( Receptionist )

( Authorised Signatory )



Ref No.:

Date:

ON DUTY FORMAT FOR SUNDAY/HOLIDAY

Name Mr. VIKAS KUMAR  
Designation FACULTY (MD)  
Date 16/12/2024  
Day MONDAY  
Time 06:00AM to 10:00PM  
Reason GGSIPO UR-DUTY  
As required by Mr. SANJANA MITTAL Ma'am

Date 20-12-2024

*Sanj - p*  
*20/12/2024*  
Signature *Vikas*



Ref No.:

Date:

ON DUTY FORMAT FOR SUNDAY/HOLIDAY

Name Mr. VIKAS KUMAR  
Designation FACULTY (MD)  
Date 16/12/2024  
Day MONDAY  
Time 06:00 AM to 10:00 PM  
Reason GGSI'PU UR-DUTY  
As required by Mr. SANJANA MITTAL Ma'am

Date 20-12-2024

*Sanjana Mittal*  
Signature 20/12/2024





**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY, NEW DELHI**  
**THE FACULTY TEAM**  
 January 2024



Prof. (Dr.) Mahesh Verma, Vice Ch

924



GPS Map Camera

**New Delhi, Delhi, India**  
 Sector 16C Dwarka, New Delhi 110078, Delhi  
 India  
 Lat 28.594821, Long 77.020909  
 12/15/2024 07:50 PM GMT+05:30  
 Note: Captured by GPS Map Camera

32

**Guru Gobind Singh Indraprastha University**  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Radha Kani Pooval From college  
AIRSR ID No. 220 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for BEDSE programme. The details of their  
evaluation dates are as below:

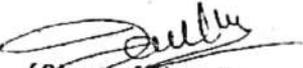
12/7/24					

for S.L.  
12/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June, 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

1. Name of the faculty: Ruchha Rani Leelat
2. Outside Venue: IPU
3. Purpose: Evaluation
4. Date & Timings: 12.7.2024 10:00 AM
5. Authorised by: Ms. Sanjana Mittal
6. Time Out: 10:00 AM
7. Time In: Dispersal from IPU

  
(Sig. of The Faculty)

  
( Receptionist )

( Authorised Signatory )



35

**Guru Gobind Singh Indraprastha University**  
**Sec.16C, Dwarka, New Delhi -110078**  
**(Spot Evaluation Centre No. 05)**  
**(C-110, C- Block)**

OD CERTIFICATE

This is to certify that Mr. Ms. Radha Lani Purohit..... From college  
AIRSR..... ID No. 220..... has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for BEDSE..... programme. The details of their  
evaluation dates are as below:

12/7/24					

Sch  
for 12/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

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Sch  
for 12/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Kachha Kani Kachat
- 2. Outside Venue: IPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 12.7.2024 10:00 AM
- 5. Authorised by: Ms. Sanjana Mittal
- 6. Time Out: 10:00 AM
- 7. Time In: Dispersal from IPU

[Signature]  
(Sig. of The Faculty)

[Signature]  
( Receptionist )

[Signature]  
( Authorised Signatory )



OD CERTIFICATE

This is to certify that Mr. Ms. Dinendra Kumar Bindu From college AIRSR ID No. 22C has evaluate the answer scripts at Spot Evaluation Centre No. 05 for B.P.E.S.E. programme. The details of their evaluation dates are as below:

12/7/24					

Dinendra Kumar Bindu  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

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Dinendra Kumar Bindu  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Dinesh Kumar Bindu From college  
AIRSR ID No. 225 has evaluate the answer scripts at Spot  
Evaluation Centre No 05 for B.A.S.C. programme. The details of their  
evaluation dates are as below:

12/7/24				
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Dinesh Kumar Bindu  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Dinesh Bishul
- 2. Outside Venue: GSIPU
- 3. Purpose: Examination
- 4. Date & Timings: 12/7/24. 10:00 Am
- 5. Authorised by: Mr. Sanyam Mishra
- 6. Time Out: 10:00 Am
- 7. Time In: 6:18

[Signature]  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C-Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Geeta Bhutani From college  
A.I.R.S.R. ID No. 219 has evaluate the answer scripts at Spo  
Evaluation Centre No. 05 for B.Ed. SE programme. The details of their  
evaluation dates are as below:

12/7/24					

*[Signature]*  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty Gurtej Bhatani
- 2. Outside Venue IPU
- 3. Purpose Evaluation
- 4. Date & Timings 12.7.2024 10:00 AM
- 5. Authorised by Ms. Sanjana Mittal
- 6. Time Out 10:00 AM
- 7. Time In Dispersal from IPU

[Signature]  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )



OD CERTIFICATE

This is to certify that Mr. Ms. Geeta Bhutani..... From college  
AIRSR..... ID No. 219..... has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for RED SE..... programme. The details of their  
evaluation dates are as below:

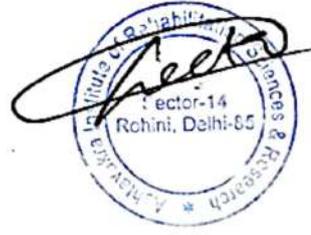
12/7/24					

*for* 12/7/24  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

..... programme. The details of their  
evaluation dates are as below:

12/7/24					

*for* 12/7/24  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)





Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Auravika Sharma From college  
AIRSR ID No. 226 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for B:ED S.E programme. The details of their  
evaluation dates are as below:

12/7/24				
---------	--	--	--	--

*for C. B.*  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Arundhika Sharma
- 2. Outside Venue: GGSIU
- 3. Purpose: EVALUATION
- 4. Date & Timings: 12<sup>th</sup> July 2024 - 10:00 AM
- 5. Authorised by: Mrs. Sanjina Ma'am.
- 6. Time Out: 10:00 AM
- 7. Time In: Dispensal from IPU

Arundhika  
(Sig. of the Faculty)

Sj  
( Receptionist )

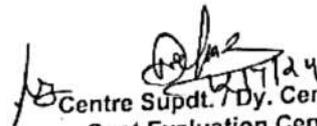
( Authorised Signatory )

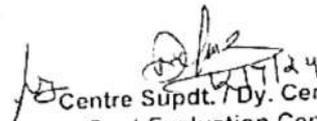


OD CERTIFICATE

This is to certify that Mr. Ms. Jitendra Singh..... From college  
AIRSR..... ID No. 218..... has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for B.Ed.S.E...... programme. The details of their  
evaluation dates are as below:

12/7/24					

  
Centre Supdt. Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

  
Centre Supdt. Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



Guru Gobind Singh Indraprastha University  
Sec. 16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C-Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Jitendra Sharma From college  
AIRSR ID No. 18 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for BCSE programme. The details of their  
evaluation dates are as below:

12/7/24				
---------	--	--	--	--

*[Signature]*  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Jitendra Swastana
- 2. Outside Venue: IGST University
- 3. Purpose: Exam Evaluation
- 4. Date & Timings: 12/7/24 10:00 AM
- 5. Authorised by: Sanjana Mann
- 6. Time Out: 10:00 AM
- 7. Time In: 6:18 pm

[Signature]  
12/7/24  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )



OD CERTIFICATE

This is to certify that Mr. Ms. J. Hunder Srinastava ..... From college  
Ashtavakra Institute of Rehabilitation Sciences Research ID No. 218 ..... has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for B. Ed. S.H. Edu. programme. The details of their  
evaluation dates are as below:

01/24

11/7/24.				

For Supd  
11/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

.....  
.....

6. Time Out: 10:15 AM

7. Time In: 8:19

(Sig/ of the Faculty)  
.....  
11/07/24

.....  
( Receptionist )

( Authorised Signatory )



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Jitender Srinastana
- 2. Outside Venue: GGSIU University
- 3. Purpose: Evaluation of Ausim Sheet
- 4. Date & Timings: 11/07/2024 and 10:15 Am
- 5. Authorised by: Sanjana Mann
- 6. Time Out: 10:15 Am
- 7. Time In: 8:19

[Signature] 11/07/24  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Tikender Srivastava
- 2. Outside Venue: GGSIU University
- 3. Purpose: Evaluation of AnusaraSheet
- 4. Date & Timings: 11/07/2024 and 10:15 Am
- 5. Authorised by: Sanjana Mann
- 6. Time Out: 10:15 Am
- 7. Time In: 8:19

[Signature] 11/07/24  
(Sig of the Faculty)

[Signature]

[Signature]  
( Receptionist )

( Authorised Signatory )



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Radha Rani Rawat From college  
AIRSR ID No. 220 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for BED SE programme. The details of their  
evaluation dates are as below:

11.07.2024				

oldy

*for* C-110  
11/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)

*for* C-110  
11/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Radha Rani Rawat From college  
AIRSR ID No. 220 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for BED SE programme. The details of their  
evaluation dates are as below:

oldy

11.07.2024				

for 11/07/2024  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Ms. Radha Lawat
- 2. Outside Venue: IPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 11.07.2024 10:30 AM
- 5. Authorised by: Ms. Sanjana Mittal Ma'am
- 6. Time Out: 10:30 AM
- 7. Time In: Dispersal from IPU

Radha Lawat  
(Sig. of the Faculty) 11/7/24

bx  
( Receptionist )

Sanjana Mittal  
( Authorised Signatory )



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

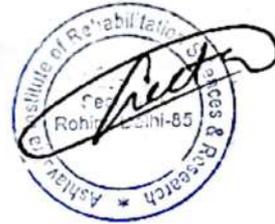
5

OD CERTIFICATE

This is to certify that Mr. Ms. Geeta Bhutani From college  
AIRSR ID No. 219 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for B.Ed. SE programme. The details of their  
evaluation dates are as below:

11/7/24					

[Signature]  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Geeta Bhutani
- 2. Outside Venue: GAS IPU
- 3. Purpose: Evaluation, Admission Cell, Examination cell.
- 4. Date & Timings: 11/7/24, 10:15
- 5. Authorised by: Sanjana Ma'am
- 6. Time Out: 10:15
- 7. Time In: Dispersal from IPU (6:00)

Geeta  
(Sig. of the Faculty)

[Signature]  
( Receptionist )

( Authorised Signatory )



Guru Gobind Singh Indraprastha University  
Sec.16C, Dwarka, New Delhi -110078  
(Spot Evaluation Centre No. 05)  
(C-110, C- Block)

OD CERTIFICATE

This is to certify that Mr. Ms. Geeta Bhatnani From college  
AIRSR ID No. 219 has evaluate the answer scripts at Spot  
Evaluation Centre No. 05 for B.Ed. SE programme. The details of their  
evaluation dates are as below:

11/7/24					
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*[Signature]*  
Centre Supdt. / Dy. Centre Supdt.  
Spot Evaluation Centre. No. 05  
(May-June 2024)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Tarun Patra
2. Outside Venue: GGSIPO
3. Purpose: Evaluation
4. Date & Timings: 10:18 23/12/24
5. Authorised by: Mrs. Sanjana Mittal
6. Time Out: Disperse from IPU
7. Time In: \_\_\_\_\_

Tarun  
 (Sig. of the Faculty)

[Signature]  
 ( Receptionist )

( Authorised Signatory )



79

### Spot Evaluation Centre 5

Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025  
Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. TARUN PATANJALI  
ID No. 405 has evaluated the answer sheets of  
code BEDSEM III at this centre on the dates mentioned below:

23/12/24								

*[Signature]*  
23-12-24  
(Signature of Centre Sudd./Addl. Centre Supdt.)



# Spot Evaluation Centre 5

66

Room Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Radha Lani Rana  
ID No. 404 has evaluated the answer sheets of  
code BEDSE-20F at this centre on the dates mentioned below:

20/12/24							

(Signature of Centre Sudd./Addl. Centre Supt.)

20/12/24



26  
65

**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

1. Name of the faculty: Loedha Ramesh
2. Outside Venue: GLSIPU
3. Purpose: Evaluation
4. Date & Timings: 20/12/24
5. Authorised by: Mrs. Sanjana Ma'am
6. Time Out : 9:40
7. Time In: Disposed

  
(Sig. of the Faculty)

  
( Receptionist )

( Authorised Signatory )



**ATAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Radhika Rani Khandelwal
- 2. Outside Venue: GGSI PU
- 3. Purpose: Evaluation
- 4. Date & Timings: 9:40 18/12/24
- 5. Authorised by: Mrs. Sanjana Mittal Ma'am
- 6. Time Out: 9:40
- 7. Time In: Dismissal from IPU

[Signature]  
(Sig. of the Faculty)

[Signature]  
18/12/24

[Signature]  
( Receptionist )

( Authorised Signatory )



### Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25  
Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Radha Rawat  
ID No. 404 has evaluated the answer sheets of  
code BEDSE.207, BEDSE.20 at this centre on the dates mentioned below:

18/12/24							

(Signature of Centre Sudd./Addl. Centre Supdt.)



Movement Slip

1. Name of the faculty: TARUN PATANJALI
2. Outside Venue: GASIPU
3. Purpose: Evaluation
4. Date & Timings: 9:40 18/12/2024
5. Authorised by: Mrs. Sanjana Mittal ma'am
6. Time Out: 9:40
7. Time In: Dispersal from IPU

Tarun  
(Sig. of the Faculty)

Sanjana Mittal  
(Authorised Signatory)

Sj  
( Receptionist )



- 1. Name of the faculty: TARUN PATANJALI
- 2. Outside Venue: IASIPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 9:40 18/12/2024
- 5. Authorised by: Mrs. Sanjana Mittal ma'am
- 6. Time Out: 9:40
- 7. Time In: Disposal from IPU

Tarun  
(Sig. of the Faculty)

Sanjana  
(Authorised Signatory)

Sj  
( Receptionist )



# Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. TARUN PATAANJALI  
ID No. 405 has evaluated the answer sheets of  
code BEDSE 203/103 at this centre on the dates mentioned below:

18/12/24	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/

(Signature of Centre Supt./Addl. Centre Supt.) [Signature]  
18/12/24



### Spot Evaluation Centre No. 05

Room No.-212-C D-Block (BCA, MCA & B.Ed) December 24/January 25

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Geeta Muniani  
ID No. 406 has evaluated the answer sheets of  
code. BEDSE205 at this centre on the dates mentioned below:

18/12/24							

(Signature of Centre Sudd./Addl. Centre Suddt.)



SHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

- 1. Name of the faculty: Geeta Bhatani
- 2. Outside Venue: CCSIPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 9:40 18/12/24
- 5. Authorised by: Ms. Sanjama Mittal Ma'am
- 6. Time Out: 9:40
- 7. Time In: Dispersal from IPU

Geeta  
(Sig. of the Faculty)

Geeta Bhatani  
18/12/24

Sj  
( Receptionist )

( Authorised Signatory )  
Geeta  
Shtavakra Institute of Rehabilitation Sciences & Research  
Sector Rohini

# Spot Evaluation Centre 5

Room Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Geeta Bhutani  
ID No. 406 has evaluated the answer sheets of  
code BEDSE 103 at this centre on the dates mentioned below:

20/12/24							

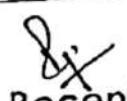
(Signature of Centre Sudd./Addl. Centre Suddt.)  
*[Handwritten Signature]*  
20/12/24



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Geeta Bhealani
- 2. Outside Venue: CGSTPU
- 3. Purpose: Evaluation
- 4. Date & Timings: 20/12/24
- 5. Authorised by: Mrs. Sanjana Ma'am
- 6. Time Out: 9:40
- 7. Time In: Disperse

  
(Sig. of the Faculty)

  
( Receptionist )  
( Authorised Signatory )



ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH  
Movement Slip

1. Name of the faculty: Geeta Bhutani
2. Outside Venue: GAJIPU
3. Purpose: Evaluation, Admission Cell, Examination cell.
4. Date & Timings: 11/7/24, 10:15
5. Authorised by: Sanjana Ma'am
6. Time Out: 10:15
7. Time In: Dispersal from IPU (6:00)

Geeta  
(Sig. of the Faculty)

Sanjana  
(Receptionist)  
(Authorised Signatory)





# Guru Gobind Singh Indraprastha University

Sector 14, Dwarka, New Delhi-110078 Website: <http://ggu.ac.in>

Form - E1



## Form for Appointment of Evaluators

1. Name & Full pattern : Geeta Bhutani
2. Name of Institution where working and date from which working on : ATRSR, Rohini, Delhi  
Name of institution from which retired and date of retirement \_\_\_\_\_
3. No. of Subjects taught during current semester/ year (in words): Four
4. Subjects taught during current semester/ year of B.Ed SE-ED (Name of the programme)
 

S. No.	Paper Code	Subject
1.	BEDM21162	Learning, Teaching & assessment
2.	BEDSE100724	Vocational Training, Transition and Job Placement
3.	BEDSE100725	Curriculum Designing, adaptation & Evaluation
4.	BEDSE100726	Inclusive Education
5. PAN Number : ASJPB7138E
6. Bank Account No. : 0341000100435845
7. HSC Code : PUNB0034100
8. Bank Name : Punjab National Bank, Mohan Nagar, GZB.
9. Residential Address : J-267, Govindpuram, GZB.
10. Mobile No. : 997122487
11. E-Mail ID : geetalectures@icmls@gmail.com

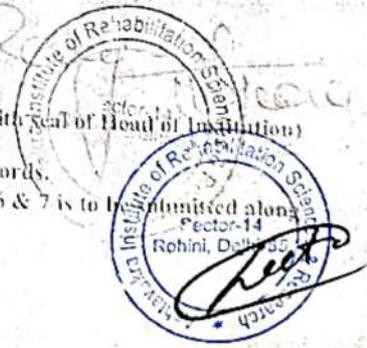
It is certified that I have no near relative appearing for the aforesaid course/ subject.

Geeta  
(Name & Signature of Evaluator)

It is certified that Sh./Smt. Dr. Geeta Bhutani fulfills the criteria for the appointment as evaluator for above mentioned subject (s) of the University for May - June, 2024 / Nov-Dec, 20\_\_\_\_ End Term Exam.

(Name and signature along with Seal of Head of Institution)

Deans/ Directors / Principals are requested to ensure that No of Subjects is written in words. Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.



Spot Evaluation Centre 5

(80)  
(81)

Room Room No.-D-212(C) (BCA, MCA, BED & BED (SE) Dec/Jan 2025

Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. ANOUSHKA SHARMA  
ID No. 417 has evaluated the answer sheets of  
code BED SE 111 at this centre on the dates mentioned below:

23/12/24							

*[Signature]*  
23/12/24  
(Signature of Centre Supt./Addl. Centre Supt.)



**ASHTAVAKRA INSTITUTE OF REHABILITATION SCIENCES & RESEARCH**  
**Movement Slip**

- 1. Name of the faculty: Anoushka Sharma
- 2. Outside Venue: GGSIPO
- 3. Purpose: Evaluation
- 4. Date & Timings: 23/12/2024
- 5. Authorised by: Mrs. Sanjana Mittal Ma'am
- 6. Time Out : 10:10 AM
- 7. Time In: \_\_\_\_\_

Anoushka  
(Sig. of the Faculty)

[Signature]  
( Receptionist )  
( Authorised Signatory )

