



# Guru Gobind Singh Indraprastha University

SECTOR 16C, DWARKA, NEW DELHI -110078

Website: <http://ipu.ac.in>

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## Form for Appointment of Evaluators

1. Name & Designation : \_\_\_\_\_

2. Name of Institution where working : \_\_\_\_\_  
and date from which working or \_\_\_\_\_  
Name of institution from which \_\_\_\_\_  
retired and date of retirement \_\_\_\_\_

\*3. Subject Code(S) :

4. PAN Number : \_\_\_\_\_

\*\*5. Bank Account No. : \_\_\_\_\_

6. IFSC Code : \_\_\_\_\_ 7. Bank Name \_\_\_\_\_

8. Residential Address : \_\_\_\_\_  
\_\_\_\_\_

9. Mobile No. : \_\_\_\_\_

10. E-Mail ID : \_\_\_\_\_

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 code(s) of the University for **May - June, 20\_\_ / Nov-Dec, 20\_\_** End Term Exam.

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

\* Directors / Principals are requested to ensure that subject code box should not be Left Blank.

\*\* Submission of Cancelled cheque or photocopy of cheque of evaluator's account is mandatory along with this form at the respective Spot Evaluation Centre.