



Guru Gobind Singh Indraprastha University

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

Form - E1

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Photo Here

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. No. of Subjects taught during current semester/ year (in words): _____
4. Subjects taught during current semester/ year of _____ (Name of the programme)

S. No.	Paper Code	Subject

5. PAN Number : _____
- **6. Bank Account No. : _____
7. IFSC Code : _____
8. Bank Name : _____
9. Residential Address : _____
10. Mobile No. : _____
11. 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(s) of the University for **May - June, 20**____ / **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.