

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 : Akash Sharme Hanstand Vrojesser
2.	Name of Institution where working : Vartukala Accelery
	and date from which working or 05.01.2017
	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
	S. No. Paper Code Subject
	6 AP-124 History of Architecture
	PAN Number: GARPS 3457L Bank Account No.: Central Bank of India 3544577908 IFSC Code: Bank Name: Central Bank of India. Residential Address: B-18 Savorodaya Endow Delhi-17 Mobile No.: 7011183525 E-Mail ID: aKash Shama Q vallaarchist echire. can.
	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. Allesh Shame fulfills the criteria for the appointment as evaluator
	for above mentioned subject(s) of the University for May - June, 20 24 / Nove Dec. 20 End Term Exam.
	Affiliated To G.S.I.P. University Delhi **
	(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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Form for Appointment of Evaluators

1.	Name & Designation : JYOII LUTHRA	L
2.	Name of Institution where working : VASTUKALA ACADEMY	
	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): Theory Subjects	72 NOS)
4.	Subjects taught during current semester/ year of (Name of the program	
	S. No. Paper Code Subject	
	1. AP 328 ENERGY & BUILDINGS II	
	2. AP228 LIGHTING & ACOUSTICS	
		-
5.	PAN Number: ACQPL7660R	
5.	PAN Number : //CQFL 76 60/ Bank Account No. : 526-1-061654-0	
7.	IFSC Code : 5CBL0036028	
	Bank Name : Standard Charlered	
8.	Bank Name : Standard Charles of Alexander Alexander	10 10 10
9.	Residential Address: F-002 Yanna Aparl Meuts, Alghnan Mobile No.: 9878207579	1- CI. N. 12-1
	74 (2)	
II.	E-Mail ID : join you - 1900, ganco, com	
	It is certified that I have no near relative appearing for the aforesaid course/ subject.	
	Tydi	
	(Name & Signature	of Evaluator)
	It is certified that Sh./Smt./Dr. Tych Luthra fulfills the criteria for the appointment	t as evaluator
	for above mentioned subject(s) of the University for May - June, 20 2 / Nov-Deta 20 End Term Affiliated 10 C GG.S.I.P University Delhi	was lenha
	(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.

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Form for Appointment of Evaluators

1.	Name & Designation : SAUTAY METRA
2.	Name of Institution where working : VASIVICALA ACADISMY
	and date from which working or
	Name of institution from which
	retired and date of retirement
^k 3.	No. of Subjects taught during current semester/ year (in words):
4.	Subjects taught during current semester/year of B. ARCH (Name of the programme)
	S. No. Paper Code Subject
	1. AP522 PROPESSIONAL PRACTICE
	Mx 1000 1 2 2 1 1 10
5.	PAN Number : AK-PPM 2324 &
6.	Bank Account No. :
7.	IFSC Code :
8.	Bank Name :
9.	Residential Address: I-11, PIRST PLOR, LASTAT WAGES - 2
	Mobile No. : 9810754481
11.	E-Mail ID : SANJAYMENRA @VAICA ARCHITEGURE, COM.
	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	Luy
	(Name & Signature of Evaluator)
I	it is certified that Sh./Smt./Dr. Saway Mehra fulfills the criteria for the appointment as evaluator
Í	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)
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1.	Name & Designation : A KeSh > (1ame, HRS18 Put Malassor)
2.	Name of Institution where working : Vanhikala Academy De hi
	and date from which working or 65. 61.2-17
	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
	1 AP-123 History of Architecture
l	
5. 6.	PAN Number : 6 C R PS 3457 L Bank Account No. : 3 S44 S77908
7.	IFSC Code :
8.	Bank Name : Central Bank of Lucia Deli
9.	Residential Address: 3 Sarvadena Ender Delhi-(")
	Mobile No. : 161183 > 27 E-Mail ID : allest Shama (e) vala architecture com
11.	E-Mail ID : allest Shama le vala archotectulican
]	It is certified that I have no near relative appearing for the aforesaid course/ subject.
	(Name & Signature of Evaluator)
I	t is certified that Sh./Smt./Dr. Aller Shome fulfills the criteria for the appointment as evaluator
ſ	or above mentioned subject(s) of the University for May - June, 20Nov-Dec, 20_2_3 End Term Exam.
	For above mentioned subject(s) of the University for May - June, 20 Nov-Dec, 20 2 3 End Term Exam. Affiliated G.G.S.I.P. On Delhi Selbi S
	(Name and signature along with seel of Head of Institution)

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

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