

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.: .....

Name: Dr Meenakshi Kaur Designation: Prof/AMU Department: MSD  
Date: 20/05/2024  
Purpose: Appointed as Expert for practical/viva voce Destination: .....

Period [Date(s)] of O.D.: 21-5-2024 Time out: 9:00 am

Will resume duties on (date): 22-5-2024 Time in: .....

Alternate arrangement(s) of duties:

Name: Nodans, Signature: Dr MK

Authorized Signatory

Dean-Academic

Head of the Deptt.

Signature of Applicant



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
"A State University established by the Govt. of NCT of Delhi"  
Sector. 16C, Dwarka, New Delhi – 110078

25

FOUNDER-CHANCELLOR

(Prof. Gulshan Kumar)  
Controller of Examinations

Ph. (off.):011-25302252

Ref.No.: GGSIPU/EXAM/COE/BBA/MAY-2024/141

Dated: 14.05.2024

To,

Dr. Meenakshi Kaushik, Professor, Dean  
Trinity Institute of Innovations in Professional Studies  
Knowledge Park - III, Greater Noida, Uttar Pradesh - 2011308  
Ph. 7983078003  
Email id: kaushikmeenakshi36@gmail.com

Subject: Appointment as Expert for Practical Examination / Viva-Voce.

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as Examiner for the Practical Examination/ Viva Voce looking into your expertise as per details given below:

| Date & Time                                    | Programme Code & Course Title | Contact Person & Venue                                                                       |
|------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------|
| 21.05.2024 (Tuesday)<br>Time: 09:00 AM Onwards | BBA 218: Minor Project-II     | Director/Principal<br>Delhi Metropolitan Education Sector 62,<br>Noida, Uttar Pradesh 201309 |

You are requested to kindly spare your valuable time for conduct of Practical/ via-Voce as per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal/Director of the Institute as mentioned above. In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangement be made.

The payment of Honorarium /Remuneration/Conveyance etc will be made as per norms of the University. A proforma for filling up the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Principal/ Director to process your payment.

I shall be grateful if you kindly help us in conduct of above practical examination/ viva-voce.

With kind regards,

Yours sincerely

(Prof. Gulshan Kumar)  
Controller of Examination

Kindly inform on 011-25302259  
E-mal: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)

(V. S. Kataria)  
In-charge (Conduct)

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Date: 29-5-24

Name: Dr. B.P. Singh Designation: Prof Department: CSE/IT

Purpose: Viva in Mexi Destination: New Delhi

Period [Date(s)] of O.D.: 30-5-24 Time out: .....

Will resume duties on (date): 31-5-24 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

Dean-Academic

Head of the Deptt.

  
Signature of Applicant

... is available with the institute which may kindly be filled up and may be submitted to the  
... to process your payment.  
... help us in conduct of above practical examination/ viva-voce.



**GURU GOBIND SINGH  
INDRAPRASTHA UNIVERSITY**  
Sector 16-C, Dwarka, New Delhi-110078

Ph. (Off.): 011-25302252

**Prof. Gulshan Kumar**  
Controller of Examinations

Dated: 01.05.2024

File No.: GGSIPU/EXAM/COE/2024-25/146

To,  
Dr. Bhrampal Singh  
Professor  
TIINPS  
9999382949

**Subject: Appointment as Expert for Practical Examination / Viva-Voce.**

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as Examiner for the Practical Examination/Viva Voce looking into your expertise as per details given below:

| Date & Time                           | Programme Code & Course Title                                                          | Contact Person & Venue                                                                                                                  |
|---------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 30.05.2024 Thursday<br>9 A.M. Onwards | BCAP214/BCAP216 INTRODUCTION TO<br>ARTIFICIAL INTELLIGENCE LAB/NETWORK<br>SECURITY LAB | The Principals/ Director<br>Management Education & Research<br>Institute, 53- 54, Institutional Area,<br>Janak Puri, New Delhi - 110058 |

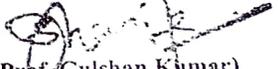
You are requested to kindly spare your valuable time for conduct of Practical/Viva-Voce as per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal/Director of the Institute as mentioned above. In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangements be made.

The payment of Honorarium/Remuneration/Conveyance etc will be made as per norms of the University. A proforma for filling up the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Principal/Director to process your payment.

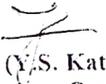
I shall be grateful if you kindly help us in conduct of above practical examination/ viva-voce.

With kind regards,

Yours sincerely,

  
(Prof. Gulshan Kumar)  
Controller of Examinations

Kindly inform on 011-25302259, 25302260, 25302261, 25302262,  
E-mail: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)

  
(Y.S. Kataria)  
Incharge - Conduct

Copy forward for kind information  
The Principals/ Director

Trinity Institute of Innovations in Professional Studies  
Greater Noida

**UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR**

Sl. No.:.....

Name: Dr Shaily Saxena Designation: Professor Date: 17/5/24  
Department: BBA

Purpose: External examines Destination: ACCMAN BUSINESS

Period [Date(s)] of O.D.: 20/5/24 Time out: .....

Will resume duties on (date): 21/5/24 Time in: .....

Alternate arrangement(s) of duties: .  
Name: Ms. Asha Mishra Signature: [Signature]

[Signature]  
Authorized Signatory

[Signature]  
Dean-Academic

[Signature]  
Head of the Deptt.

[Signature]  
Signature of Applicant

Time: 09:00 AM Onwards: .....

Project report

Accman Business School, 46 A/2,  
Knowledge Park III, Greater Noida, UP  
201308



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
"A State University established by the Govt. of NCT of Delhi"  
Sector. 16C, Dwarka, New Delhi – 110078

25

(Prof. Gulshan Kumar)  
Controller of Examinations

Ph. (off.):011-25302252

Ref.No.: GGSIPU/EXAM/COE/BBA/MAY-2024/01

Dated: 14.05.2024

To,

Dr. Shaily Saxena, Professor  
Trinity Institute of Innovations In Professional Studies  
Knowledge Park - III, Greater Noida, Uttar Pradesh - 2011308  
Ph. 742885451  
Email id: shailysaxena5@gmail.com

Subject: Appointment as Expert for Practical Examination / Viva-Voce.

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as Examiner for the Practical Examination/ Viva Voce looking into your expertise as per details given below:

| Date & Time                                   | Programme Code & Course Title                      | Contact Person & Venue                                                                                   |
|-----------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 20.05.2024 (Monday)<br>Time: 09:00 AM Onward: | BBA 314: Major Project*<br>BBA 312: Project Report | Director/Principal<br>Accman Business School, 46 A/2,<br>Knowledge Park III, Greater Noida, UP<br>201308 |

You are requested to kindly spare your valuable time for conduct of Practical/ viva-Voce as per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal/Director of the Institute as mentioned above. In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangement be made.

The payment of Honorarium /Remuneration/Conveyance etc will be made as per norms of the University. A proforma for filling up the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Principal/ Director to process your payment.

I shall be grateful if you kindly help us in conduct of above practical examination/ viva-voce.

With kind regards,

Yours sincerely

  
(Prof. Gulshan Kumar)  
Controller of Examination

Kindly inform on 011-25302259  
E-mail: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)

  
J.S. Kataria)  
In-charge (Conduct)

Trinity Institute of Innovations in Professional Studies  
Greater Noida

**UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR**

Sl. No.:.....

Date:.....

Name: D. B. Singh Designation: Professor Department: CSE

Purpose: Exam material collection Destination: .....

Period [Date(s)] of O.D.: 9/15/24 Time out: .....

Will resume duties on (date): ..... Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

Authorized Signatory 

Dean-Academic

Head of the Deptt.

Signature of Applicant 

# Trinity Institute of Innovations in Professional Studies Greater Noida

## UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.: .....

Dr. Shaily Saxena  
Ms. Asha Mishra

- Prof.  
- Asst Prof.

Date: 3/5/24

Name: Ms. Krati Ka Gupta Designation: Asst. Prof. Department: BBA

Purpose: Community service (Talsawa) Destination: Noida Sector-21-A (Noida Stadium)

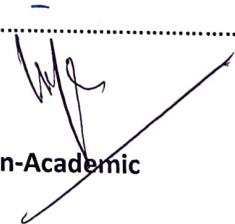
Period [Date(s)] of O.D.: 04/05/24 Time out: .....

Will resume duties on (date): 08/05/24 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

  
Dean-Academic

  
Head of the Dept.

  
Signature of Applicant

# Trinity Institute of Innovations in Professional Studies Greater Noida

**UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR**

Sl. No.: .....

Date: 16-05-24

Name: Gunjan Anya Designation: A.P Department: CSE

Purpose: External Practical Exam Destination: Delhi

Period [Date(s)] of O.D.: 17-05-24 Time out: .....

Will resume duties on (date): 18-05-24 Time in: .....

Alternate arrangement(s) of duties:

Name: Dr. Shailender Kumar, Signature: 

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant

**GURU GOBIND SINGH  
INDRAPRASTHA UNIVERSITY**  
Sector 16-C, Dwarka, New Delhi-110078

Ph. (Off.): 011-25302252

Dated: 03.05.2024

Prof. Gulshan Kumar  
Controller of Examinations

File No.: GGSIPU/EXAM/COE/2024-25/

To, Ms. Gunjan Aarya  
JEMTEC

99100 19270

Subject: Appointment as Expert for Practical Examination / Viva-Voce.

Dear,

The Vice Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as Examiner for the Practical Examination/Viva Voce looking into your expertise as per details given below:

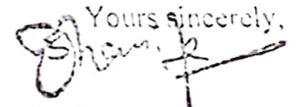
| Date & Time | Programme Code & Course Title | Contact Person & Venue                                                                                                            |
|-------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 17/05/2024  | Internet of Things<br>CIE-330 | THE PRINCIPAL/DIRECTOR<br>GREATER NOIDA INSTITUTE OF<br>TECHNOLOGY (272)<br>PLOT NO.6C, KNOWLEDGE PART-II,<br>GREATER NOIDA (U.P) |

You are requested to kindly spare your valuable time for conduct of Practical/Viva-Voce as per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal/Director of the Institute as mentioned above. In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical examination/viva-voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangements be made.

The payment of Honorarium/Remuneration/Conveyance etc will be made as per norms of the University. A proforma for filling up the remuneration bill is available with the Institute which may kindly be filled up and may be submitted to the Principal/Director to process your payment.

I shall be grateful if you kindly help us in conduct of above practical examination/ viva-voce.

With kind regards,

Yours sincerely,  


(Prof. Gulshan Kumar)  
Controller of Examinations

Kindly inform on 011-25302259, 25302260, 25302261, 25302262,  
E-mail: [examconduct@ipu.ac.in](mailto:examconduct@ipu.ac.in)

  
(Y.S. Kataria)  
Incharge - Conduct

Copy forward for kind information  
1. The Principals/ Director

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.: .....

Date: 30/5/24

Name: Pabna Satiya Designation: Asst. Prof. Design Department: B.C.A.

Purpose: External Practical Exam Destination: DTC, Greater Noida

Period [Date(s)] of O.D.: 31/5/24 Time out: 10:30 am

Will resume duties on (date): 31/5/24 Time in: ~~11:30 am~~ 12:15 pm

Alternate arrangement(s) of duties:

Name: Dr. Manish Chaturvedi Signature: [Signature]

[Signature]  
Authorized Signatory

[Signature]  
Dean-Academic

[Signature]  
Head of the Deptt.

[Signature]  
Signature of Applicant



**GURU GOBIND SINGH  
INDRAPRASTHA UNIVERSITY**  
Sector 14, Gurgaon, Haryana-122002

Prof. Gurbinder Kumar  
Controller of Examinations

No. GGSIPU/EXAM/06/2024/251

File No: GGSIPU/EXAM/06/2024/251

To: *Mr. Gagan Singh*  
*Director, IIT*  
*Chandigarh*

Subject: Appointment as Expert for Practical Examination / Viva-Voce

Dear

The Vice-Chancellor, Guru Gobind Singh Indraprastha University is pleased to request you to examine for the Practical Examination / Viva Voce looking into your expertise in the following areas:

| Date & Venue | Programme Code & Course Title | Contact Person & Phone                               |
|--------------|-------------------------------|------------------------------------------------------|
| 21-05-2024   | B.T. - IIT                    | 111-25114259, 25114259, 25114259, 25114259, 25114259 |
|              | <i>Practical Viva Voce</i>    |                                                      |

You are requested to kindly spare your valuable time for conduct of Practical Examination as per venue mentioned above. The names of the candidates appearing for the exam will be provided by the Principal/In-charge of the Institute as per the details in case any of your time relation is appearing in the exam. If you are not able to spare your time for the conduct of Practical Examination, you are requested to clearly intimate the same to the Institute under intimation to the University so that suitable alternative arrangements be made.

The payment of honorarium/fee/retainer charges etc. will be made as per norms of the University. A provision for taking up the reimbursement bill is available with the Institute where necessary on the day of completion of exam in the form of bill/retainer charges etc. as per norms.

It is requested that you kindly provide the details of your previous work experience.

Yours faithfully,

*Gurbinder Kumar*  
Controller of Examinations

Kindly inform on 111-25114259, 25114259, 25114259, 25114259.  
Contact number for enquiry on

Copy forwarded for kind information to  
the Vice-Chancellor

*Gurbinder Kumar*  
Controller of Examinations

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Date: 30/5/24

Name: Sabna Chatterjee Designation: Asst Professor Department: B.C.A

Purpose: External Practical Viva Destination: United, Greater Noida

Period [Date(s)] of O.D.: 30/5/24 Time out: 1:00 pm

Will resume duties on (date): 31/5/24 Time in: 9:00 am

Alternate arrangement(s) of duties:

Name: Dr. Meenakshi Choudhary Signature: [Signature]

[Signature]  
Authorized Signatory

[Signature]  
Dean-Academic

[Signature]  
Head of the Deptt.

[Signature]  
Signature of Applicant

**GURU GOBIND SINGH  
INDRAPRASTHA UNIVERSITY**  
Sector 16-C, Dwarka, New Delhi 110078

Ph. (Off) 011-25102252

Dated 15.05.2024

Dr. K. K. Kishore  
Controller of Examinations

INDIA EXAMINATIONS BOARD

Ms Sapna Setija  
Assistant Professor  
TIIPS Greater Noida  
0000000000

Subject: Appointment of Expert for Practical Examination (Viva Voce)

The Vice-Chancellor, Guru Gobind Singh Indraprastha University is pleased to appoint you as an Expert for the Practical Examination (Viva Voce) for the course as per details given below.

| Date & Time                | Programme Code & Course Title   | Contact Person & Venue                                                                                                    |
|----------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 30.05.2024<br>8 AM Onwards | BCAP 214 Introduction to AI Lab | The Principals Director<br>Indira College of Education, Plot No.<br>50, Knowledge Park, U Greater Noida<br>G.N. Nagar, UP |

You are requested to kindly spare your valuable time for conduct of Practical/Viva Voce at per venue mentioned above. The names of the candidates appearing for the test will be provided by the Principal Director of the Institute as mentioned above. In case any of your close relation is appearing in the examination or you are not able to spare your time for the conduct of Practical Examination/Viva Voce, you are requested to kindly intimate the same to the Institute under intimation to the University so that suitable alternative arrangements be made.

Travel expenses of the candidate (Return/air/Conveyance etc.) will be made as per norms of the University. A provision for the same will be made in the bill, compatible with the Institute, which may kindly be filled up and may be submitted to the Controller of Examinations, IIPU.

For further details of your kindly help in conduct of above practical examination (viva voce).

With kindest regards,

Yours sincerely,  
  
K. K. Kishore  
Controller of Examinations

For information 011-25102259, 25102260, 25102261, 25102262.  
E-mail: [exam@iipu.ac.in](mailto:exam@iipu.ac.in)

  
A. K. Kataria  
Incharge, Conductor

Copy forward for kind information  
The Principals Director

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Name: DR V.P. SINGH Designation: Professor & Dean Date:.....  
Department: .....

Purpose: Ph.D. Viva Destination: NLU

Period [Date(s)] of O.D.: 15/05/2024 Time out: .....

Will resume duties on (date): 17/05/2024 Time in: .....

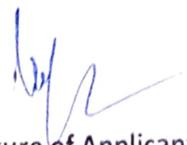
Alternate arrangement(s) of duties:

Name: ....., Signature: 

  
Authorized Signatory

  
Dean-Academic

Head of the Deptt.

  
Signature of Applicant



Compose

Inbox

125

Starred

Snoozed

Sent

Drafts

33

More

Labels

assignment

105

# Academic Subject Revision Inbox x



**Chetan Kumar Sharma** <chetan.sharma@niu.edu.in>  
to me

Respected Sir,

I am thankful for your presence on the Date 15 May 2024 for valuable suggestions in the improvement

**With Regards**

*Dr Chetan Kumar Sharma  
Department of Mathematics  
Noida International University  
Greater Noida*



Chetan Kumar Sharma (chetan.sharma@niu.edu.in)

Thanks a lot.

Send

Evaluate on Duty

June 2024

Trinity Institute of Innovations in Professional Studies  
Greater Noida

OD

OUTDOOR DUTY SLIP

Sl No  
Date 25/6/24

Name: Ms. ASHA MISHRA Designation: Asst. Professor Department BBA  
Purpose: Evaluation Duty to GCSPU Destination: Asst. Professor  
Period [Date(s)] of O.D.: 26/6/24 to 27/6/24 Time out 5:00 pm  
Will resume duties on (date): 28/6/24 Time in

Alternate arrangement(s) of duties:

Name: NA Signature

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant



OP

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

One-day

Sl. No.: .....

Date: 26/6/20

Name: Dr. Nikhat Zulkearnain Designation: Associate Prof Department: B.Tech / BAIME

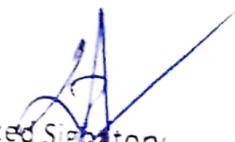
Purpose: Evaluation duty Destination: GGSIPU

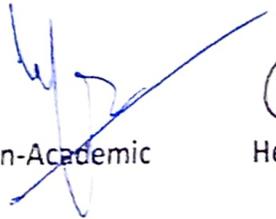
Period [Date(s)] of O.D.: 27<sup>th</sup> and 28<sup>th</sup> June 2024 Time out: -

Will resume duties on (date): 01/07/2024 Time in: -

Alternate arrangement(s) of duties:

Name: \_\_\_\_\_, Signature: \_\_\_\_\_

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant

Academic

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

S. No. ....

Date .....

Name MS Gupta Designation: Asst Department: CSE

Purpose Evaluation Duty Destination: UP University Dabra

Period (Date(s)) of D.C. 10-06-24 Time out: .....

Will resume duties on (date): 11-06-24 Time in: .....

Alternate arrangement(s) of duties:

Name: Dr. Srivastava Signature: [Signature]

[Signature]  
Authorized Signatory

[Signature]  
Dean-Academic

[Signature]  
Head of the Dept.

[Signature]  
Signature of Applicant



**Centre for Excellence in Pharmaceutical Sciences**

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



**SPOT EVALUATION CENTRE Jan-Feb., 2024**

This is to certify that Mr/Ms Gurjean Aggar from college

TIPS, Ge. Haida  
CEPS

for evaluate the copies at

Centre for B Tech

course. The details of their evaluation are as follows:

| Sr. No. | Date    | Subject Code |
|---------|---------|--------------|
| 1       | 10-6-24 | ETHS-402     |
| 2       | 22-6-24 | ETHS-412     |
| 3       |         |              |
| 4       |         |              |
| 5       |         |              |
| 6       |         |              |
| 7       |         |              |
| 8       |         |              |
| 9       |         |              |
| 10      |         |              |

[Signature]  
22/06/24

(Centre Suptd./Deputy Centre Suptd.)

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Date: 21/6/24

Name: Ms. Gunjan Anya Designation: A.P. Department: CSE

Purpose: Evaluation Destination: I.P. University

Period [Date(s)] of O.D.: 22-6-24 (Sat) Time out: .....

Will resume duties on (date): 24-6-24 (Mon) Time in: .....

Alternate arrangement(s) of duties:

Name: Dr. Shailender, Signature: .....

  
Authorized Signatory

Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No. ....

Date: 8/6/24

Name: Sapna Satya Designation: Asst Professor Department: BSCA

Purpose: Examination Evaluation Destination: GGSIPU, Dwarka

Period [Date(s)] of O D: 18/6/24 Time out: .....

Will resume duties on (date): 19/6/24 Time in: 9:00 am

Alternate arrangement(s) of duties:

Name: ....., Signature: *[Signature]*

*[Signature]*  
Authorized Signatory

*[Signature]*  
Dean-Academic

*[Signature]*  
Head of the Deptt.

*[Signature]*  
Signature of Applicant

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.: .....

Date: 21/6/24

Name: Apna Patiya ..... Designation: Asst. Professor ..... Department: BCA .....

Purpose: Evaluation ..... Destination: GIGSIPO, Dworka .....

Period [Date(s)] of O.D.: 22/6/24 (Saturday) ..... Time out: .....

Will resume duties on (date): 24/6/24 (Monday) ..... Time in: 9:00 am .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

Dean-Academic

Head of the Deptt.

  
Signature of Applicant

# Spot Evaluation Centre

Room No.-109 (BCA / MCA/B.ED/ BA ECO/ BA ENG MAY-JUNE-2024

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

This is to certify that Dr./Mr./Mrs./Ms. Sapana Satiya  
ID No. 36 has evaluated the answer sheets of  
code BCA-202, 302 at this centre on the dates mentioned below:

|          |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|
| 18/06/24 |  |  |  |  |  |  |  |  |  |
| 22/06/24 |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |
|          |  |  |  |  |  |  |  |  |  |

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

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No. ....

Name: Dr. Meenakshi Kaur Designation: Professor, Dean Acad Date: 21/6/2024  
Purpose: Evaluation Duty Department: .....  
Period [Date(s)] of O.D.: 24th & 25th June Destination: GGSIPO  
Will resume duties on (date): 26th June Time out: 9:30 am  
Time in: 9:00 am

Alternate arrangement(s) of duties:

Name: \_\_\_\_\_

Signature: Dr. Meenakshi Kaur

Authorized Signatory

Dean-Academic

Head of the Deptt.

Signature of Applicant

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.: .....

Name: Dr. Shaily Saxena Designation: Professor Department: BBA

Date: 21/6/24

Purpose: Evaluation Destination: GGSIU

Period [Date(s)] of O.D.: 22/6/24 (Saturday) Time out: .....

Will resume duties on (date): 24/6/24 Time in: .....

Alternate arrangement(s) of duties:

Name: ..... Signature: .....

  
Authorized Signatory

Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

OD  
One-day

Sl. No.:.....

Name: Dr. Shaily Saxena Designation: Professor Date: 26/6/24  
Department: Management  
Purpose: Evaluation Duty Destination: GGSIU  
Period [Date(s)] of O.D.: 27/6/24 Time out: .....  
Will resume duties on (date): 28/6/24 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant



Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Date: 6/6/24

Name: Shraddha Singh Designation: Asst. Prof. Department: Law

Purpose: Evaluation duty Destination: BGSIPV

Period [Date(s)] of O.D.: 7<sup>th</sup> and 8<sup>th</sup> June 2024 Time out: .....

Will resume duties on (date): 18<sup>th</sup> June (after summer break) Time in: .....

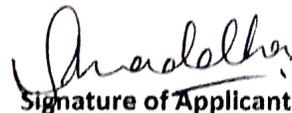
Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant



# Guru Gobind Singh Indraprastha University

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

Form - F1



## Form for Appointment of Evaluators

- Name & Designation : SHRADDHA SINGH & ASSISTANT PROFESSOR
- Name of Institution where working : TRINITY INSTITUTE OF INNOVATIONS IN  
and date from which working or PROFESSIONAL STUDIES, GR Noida  
Name of institution from which 01 - JANUARY - 2021  
retired and date of retirement \_\_\_\_\_
- No. of Subjects taught during current semester/ year (in words): FOUR
- Subjects taught during current semester/ year of BA LLB (Name of the programme)

| S. No. | Paper Code | Subject                            |
|--------|------------|------------------------------------|
| 1      | LLB 104    | LAW OF TORTS & CONSUMER PROTECTION |
| 2      | LLB 114    | LEGAL RESEARCH AND MOOT COURT      |
| 3      | LLB 304    | INTERNATIONAL LAW                  |
| 4      | LLB 404    | LABOUR LAW-II                      |

- PAN Number : JAZPS6856J
- Bank Account No. : 35038538093
- IFSC Code : SBIN0007837
- Bank Name : STATE BANK OF INDIA
- Residential Address : G-2053 GAUR ATULYAM, OMEGA, GR Noida
- Mobile No. : 8285028911
- E-Mail ID : ShradhaSingh1503@gmail.com

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

*Shradha Singh.*  
SHRADDHA SINGH  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Ms Shradha Singh 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.

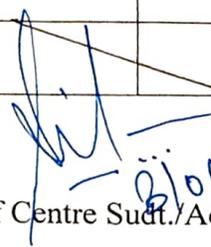
\*\* Photocopy of cheque of evaluator's account bearing details mentioned at serial no. 5, 6 & 7 is to be submitted along with this form.

# Spot Evaluation Centre

Room No.-214 (BA / BBA LLB / LLM / BA (JMC) December-2023 to January- 2024  
Guru Gobind Singh Indraprastha University, Sec-16 C, Dwarka, New Delhi-110078

This is to certify that Dr./Mr./Mrs./Ms. Shradha Singh  
ID No. 108 has evaluated the answer sheets of  
code LLB.104 at this centre on the dates mentioned below:

|        |         |  |  |  |  |  |  |
|--------|---------|--|--|--|--|--|--|
| LLB104 | 7/06/24 |  |  |  |  |  |  |
| LLB104 | 8/06/24 |  |  |  |  |  |  |
|        |         |  |  |  |  |  |  |

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

8/06/2024

Trinity Institute of Innovations in Professional Studies  
Greater Noida

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Sl. No.:.....

Date: 8-6-24

Name: Tanushi Acharya Designation: Ass Prof Department: Law

Purpose: Copy Evaluation Destination: G.N.S.I.P.U

Period [Date(s)] of O.D.: 10 and 15 of June Time out: .....

Will resume duties on (date): 17 June 2024 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

Authorized Signatory

Dean-Academic

Head of the Deptt.

Signature of Applicant

# Spot Evaluation Centre

Room No.-214 (BA / BBA LLB / LLM / BA (JMC) December-2023 to January- 2024

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

This is to certify that Dr./Mr./Mrs./Ms. TARUSHI ACHARYA  
ID No. 149 has evaluated the answer sheets of  
code LLB-104 at this centre on the dates mentioned below:

|          |   |   |   |   |   |   |   |
|----------|---|---|---|---|---|---|---|
| 10.06.24 | / | / | / | / | / | / | / |
| /        | / | / | / | / | / | / | / |
| /        | / | / | / | / | / | / | / |

  
10/06/2024

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

Marks

Trinity Institute of Innovations in Professional Studies  
Greater Noida

**UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR**

Sl. No.:.....

Date: 06/06/24

Name: Aman Yadav Designation: Asst. Prof. Department: Law

Purpose: Evaluation to IPU Destination: .....

Period [Date(s)] of O.D.: 07-06-24 08-06-24 Time out: .....

Will resume duties on (date): 10/06/24 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

  
Authorized Signatory

  
Dean-Academic

  
Head of the Deptt.

  
Signature of Applicant



**Guru Gobind Singh Indraprastha University**

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



**Form for Appointment of Evaluators**

1. Name & Designation : AMAN YADAV (ASSISTANT PR
2. Name of Institution where working : TRINITY INSTITUTE OF  
and date from which working or INNOVATION IN PROFESSIONAL  
Name of institution from which STUDIES, G.R. NOIDA U.P.  
retired and date of retirement 12-09-2022
- \*3. No. of Subjects taught during current semester/ year (In words): FOUR
4. Subjects taught during current semester/ year of BALLB (Name of the programme)

| S. No. | Paper Code | Subject                    |
|--------|------------|----------------------------|
|        | LLB106     | CONSTITUTIONAL LAW - II    |
|        | LLB 204    | LAW OF CRIMES - II         |
|        | LLB 306    | PROPERTY LAW               |
|        | LLB310     | CODE OF CRIMINAL PROCEDURE |

5. PAN Number : AWUPY5927E
- \*\*6. Bank Account No. : 5912524499
7. IFSC Code : KKBK005028
8. Bank Name : KOTAK MAHENDRA BANK
9. Residential Address : PSIS JALAYU VIHAR GR. NOIDA
10. Mobile No. : 9128 503141
11. E-Mail ID : amandu0104@gmail.com

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

AMAN YADAV  
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. AMAN YADAV 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 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

Room No.-214 (BA / BBA LLB / LLM / BA (JMC) December-2023 to January- 2024

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

This is to certify that Dr./Mr./Mrs./Ms. Aman Yadav  
ID No. 109 has evaluated the answer sheets of  
code LLB402 at this centre on the dates mentioned below:

|        |          |  |  |  |  |  |  |
|--------|----------|--|--|--|--|--|--|
| LLB402 | 07/06/24 |  |  |  |  |  |  |
| LLB402 | 08/06/24 |  |  |  |  |  |  |
|        |          |  |  |  |  |  |  |

  
8/06/2024

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

Trinity Institute of Innovations in Professional Studies  
Greater Noida

Academic leave

UR / PRACTICAL / EVALUATION / EXAM DUTY / FDP / CONFERENCE / SEMINAR

Univ. Duties Leave

Sl. No.: .....

Date: 11-11-24

Name: Dr. P. P. Singh Designation: Prof. / Hk Department: C.S. - I.T.T

Purpose: Evaluation Destination: G. G. S. T. P. U.

Period [Date(s)] of O.D.: 11-06-24 to 12-06-24 Time out: .....

Will resume duties on (date): 13-06-24 Time in: .....

Alternate arrangement(s) of duties:

Name: ....., Signature: .....

Authorized Signatory

Dean-Academic

Head of the Deptt.

Signature of Applicant

PP/Singh



**Centre for Excellence in Pharmaceutical  
Sciences**

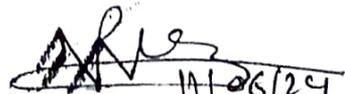
Guru Gobind Singh Indraprastha University  
Sector 16-C, Dwarka, New Delhi - 110 078.



**SPOT EVALUATION CENTRE Jan-Feb., 2024**

This is to certify that Mr./Ms. Dr. Braham Patel Singh from college  
TIPS Greater Noida for evaluate the copies at  
CBPS Centre for B.Tech BTCC-A01  
course. The details of their evaluation are as follows:

| Sr. No. | Date       | Subject Code |
|---------|------------|--------------|
| 1.      | 11/06/2024 | BTCC - A01   |
| 2.      | 12/06/2024 | BTCC - A01   |
| 3.      |            |              |
| 4.      |            |              |
| 5.      |            |              |
| 6.      |            |              |
| 7.      |            |              |
| 8.      |            |              |
| 9.      |            |              |
| 10.     |            |              |

  
(Centre Suptd./Deputy Centre Suptd.)  
11/06/24