



Guru Gobind Singh Indraprastha University

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

Form - E1

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Form for Appointment of Evaluators

1. Name & Designation : JYOTI LUTHRA
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 (2 Nos.)
4. Subjects taught during current semester/ year of _____ (Name of the programme)

S. No.	Paper Code	Subject
1.	AP 328	ENERGY & BUILDINGS II
2.	AP 228	LIGHTING & ACOUSTICS

5. PAN Number : ACQPL7660R
- **6. Bank Account No. : 526-1-061654-0
7. IFSC Code : SCBL0036028
8. Bank Name : Standard Chartered
9. Residential Address : F-002 Yamuna Apartments, Alaknanda, N.D-19
10. Mobile No. : 9878207579
11. E-Mail ID : joinjyoti-79@yahoo.com

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

Jyoti
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Jyoti Luthra fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 24 / 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.



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Form for Appointment of Evaluators

1. Name & Designation : Akash Sharma, Assistant Professor
2. Name of Institution where working : Vastukala Academy Delhi
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): One
4. Subjects taught during current semester/ year of B. Arch. (Name of the programme)

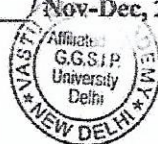
S. No.	Paper Code	Subject
1	AP-123	History of Architecture

5. PAN Number : CGRPS 3457L
- **6. Bank Account No. : 3544577908
7. IFSC Code : _____
8. Bank Name : Central Bank of India Delhi
9. Residential Address : B-18 Sarvodaya Enclave, Delhi-17
10. Mobile No. : 701183525
11. E-Mail ID : akash.sharma@vastukalaacademy.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. Akash Sharma fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 23 / Nov-Dec, 20 23 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.

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Form - EI

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Form for Appointment of Evaluators


1. Name & Designation : Akash Sharma Assistant Professor
2. Name of Institution where working : VaastuKala Academy
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): 1 one
4. Subjects taught during current semester/ year of B. Arch. (Name of the programme)

S. No.	Paper Code	Subject
①	AP-124	History of Architecture

5. PAN Number : GGRPS3457L
- **6. Bank Account No. : Central Bank of India 3544577908
7. IFSC Code : _____
8. Bank Name : Central Bank of India
9. Residential Address : B-18 Sarodaya Enclave Delhi-17
10. Mobile No. : 7011183525
11. E-Mail ID : akashshama@vaastuarchitecture.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. Akash Sharma 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.




(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 - E1

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Form for Appointment of Evaluators

1. Name & Designation : SANJAY MEHRA
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): FOUR
4. Subjects taught during current semester/ year of B.Arch (Name of the programme)

S. No.	Paper Code	Subject
1.	AP522	PROFESSIONAL PRACTICE

5. PAN Number : AKPPM2324Q
- **6. Bank Account No. : _____
7. IFSC Code : _____
8. Bank Name : _____
9. Residential Address : I-11, FIRST FLOOR, LAJPAT NAGAR - 2
10. Mobile No. : 9810754481
11. E-Mail ID : SANJAYMEHRA@VAKAARCHITECTURE.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. Sanjay Mehra fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20 24 / 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.

