

Guru Gobind Singh Indraprastha University

Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

Form - El

Paste Your Photo Here

	Form for Appointment of Evaluators	Photo Here
1.	Name & Designation : JY011 WIHRA	
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	A 1 7
4.	Subjects taught during current semester/ year of (Name of the programme)	1001.)
	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 : 5CBL0036028	
8.	Bank Name : Standard Charlered	
9.	Residential Address : F-002 Yawung Aper Mount Alakusunde	4 1 1 1
10.	Mobile No. : 9878207579	1,10,15-1
11.	Residential Address: F-002 Yamung Aparl Meuts, Algunande Mobile No.: 9878207579 E-Mail ID: join jyoli-79@ yahao.com	
3	It is certified that I have no near relative appearing for the aforesaid course/ subject.	
	Tydi.	******
	(Name & Signature of Eva	suator)
]	it is certified that Sh./Smt./Dr. Jych Luthra fulfills the criteria for the appointment as ev	aluator
1	or above mentioned subject(s) of the University for May - June, 20 24 / Nov-Deca28 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.



Guru Gobind Singh Indraprastha University Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

Paste Your Photo Here

Form for Appointment of Evaluators

1.	Name & Designation : A KeSh Strang Hesishut Professor
2.	Name of Institution where working : Varhalder Academy Delie
	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 P - Arc (Name of the programme)
	S. No. Paper Code Subject
	1 AP-123 History of Architecture
11.	PAN Number: : CORPS 3457L Bank Account No.: 3544577908 IFSC Code: Bank Name: Central Bank of India Dehi Residential Address: \$\mathref{D}_1\forall \text{ Sancolarg & Loler Dehi-17} \\ Mobile No.: 701193525 E-Mail ID: calles St Shama (a) va Aaarchiot ceture.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. Hkerk Shome fulfills the criteria for the appointment as evaluator
	for above mentioned subject(s) of the University for May - June, 20 Nov-Dec, 20 2 3 End Term Exam. Affiliate Contract Contrac

[·] 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.



Guru Gobind Singh Indraprastha University Sector 16c, DWARKA, NEW DELHI-110078 Website: http://ipu.ac.in

Paste Your Photo Here

Form for Appointment of Evaluators

1.	Name & Designation : AKash Sharme fransland Volcessor
2.	
	and date from which working or 0.5.01.2017
	Name of institution from which
	retired and date of retirement
*3.	
4.	China and the state of the stat
	S. No. Paper Code Subject (Name of the programme)
	O AP-124 tyston of Architecture
_	DANIAL C. C. D. D.S. DI. C. J.
5.	PAN Number : GGRPS 3457L
**6.	Bank Account No. : Central Bank of India 3544577908
7.	IFSC Code :
8.	Bank Name : (entral 15ah Rof Tudia.
. 9.	Residential Address: 3-18 Scrovodaya Endeme Delhi-17
	Mobile No. : 7011183525'
11.	. E-Mail ID : akashshama Q vallaarchitecture.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. Allesh Sharm fulfills the criteria for the appointment on evaluation
	It is certified that Sh./Smt./Dr. Allesh Sharm fulfills the criteria for the appointment as evaluator
8	for above mentioned subject(s) of the University for May - June, 20 24 / Hawkee, 20 End Term Exam.
	G GGSLP C
	University # Chu ye lluke
	THEW DELIN
	(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.

Guru Gobind Singh Indraprastha University Sector 16c, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

Form - El

Paste Your Photo Here

Form for Appointment of Evaluators

1.	Name & Designation : SANJAY METRA
2.	Name of Institution where working : VASTU KALA ACADISMY
	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): +OUR.
4.	Subjects taught during current semester/ year of B. ARCH (Name of the programme)
	S. No. Paper Code Subject
	1. AP522 PROPESSIONAL PRACTICE
	1 100100
5.	PAN Number : AK-PPIN 2324 &
*6.	Bank Account No. :
7.	IFSC Code :
8.	Bank Name :
9.	Residential Address : I-II, PIRST PLOR, LASTER WAGES - 2
-10.	Mobile No. : 9810754481
11.	Mobile No. : 9810754481 E-Mail ID : SANJAYMENRA @VALA ARCHITECTURE COM.
	, ,
	It is certified that I have no near relative appearing for the aforesaid course subject.
	July
	Name of State of Stat
	(Name & Signature of Evaluator)
	It is certified that Sh./Smt./Dr. Savjay the hra fulfills the criteria for the appointment as evaluator
1	for above mentioned subject(s) of the University for May - June, 20 29 / Nov-Dec, 20 End Term Exam.
	Ica las dental.
	(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.
	S (University)