# Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

## Form for Appointment of Evaluators

1. Name & Designation : Dr. Bhoopendra Bhatt
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Tecnia Institute of Advanced Studies, Delhi

*3. No. of Subjects taught during current semester/ year (in words): Four

Subjects taught during current semester/ year of MBA / BBA (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| 1. | BBA 203 | Marketing Management (BBA) |
| 2. | BBA 217 | Environmental Studies (BBA) |
| 3. | MS-215 | Sales & Distribution Mgmt (MBA) |
| 4. | MS-111 | Marketing Mgmt (MBA) |

5. PAN Number : ARZPB2421Q
**6. Bank Account No. : 20744 80939
7. IFSC Code : CBIN0282208
8. Bank Name : Central Bank of India
9. Residential Address : 964, Gayatri Tower Mahagun Puram Society, Ghaziabad
10. Mobile No. : 9350464601
11. E-Mail ID : bhoopendrabhatt85@gmail.com

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

B. Bhatt
(Dr Bhoopendra Bhatt)
(Name & Signature of Evaluator)

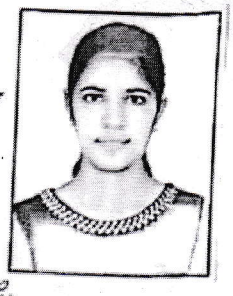
It is certified that Sh./Smt./Dr. Bhoopendra Bhatt fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20____ / Nov-Dec, 20 24 End Term Exam.

Director
Tecnia Institute of Advanced Studies
(Affiliated to GGSIP University)
Madhuban Chowk, Rohini, Delhi-85

(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.

eSign
Signed by: Ajay Kumar
Reason: Certified Copy
Location: Delhi
Date: 29-Oct-2024 (10:12 AM)



# Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

## Form for Appointment of Evaluators

1. Name & Designation : Ms° Chahat Malhotra
2. Name of Institution where working : Teerth Institute of Advance Studies
   and date from which working or : 3, Oct, 2023
   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 BBA (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| | BBA-107 | Business Economics |
| | BBA-217 | Environmental Studies |
| | | |
| | | |

5. PAN Number : DBBPN9166E
**6. Bank Account No. : 27021010211 47
7. IFSC Code : CNRB0002702
8. Bank Name : CANARA BANK
9. ** Residential Address : f-18/3 first floor Sector-15, Rohini, Delhi-110089
10. Mobile No. : 9871411941
11. E-Mail ID : chahatmalhotra616@gmail.com

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

Chahat Malhotra

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Chahat Malhotra 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.

Director
Teerth Institute of Advanced Studies

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

Guru Gobind Singh Indraprastha University Dw...
Madhuban Chowk, Rohini, Delhi

• 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 Universit

Sector 16c, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

## Form for Appointment of Evaluators

1. Name & Designation : Mr kapil (Assistant Professor
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Tecnia Institute of Advanced Studies 21/08/2023
*3. No. of Subjects taught during current semester/ year (in words): Two
4. Subjects taught during current semester/ year of Env. Studies, I BBA, FM(NUES) (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| 1. | BBA 113 | Entrepreneurship Mindset (NUES) |
| 2. | BBA-217 | Environmental Studies |
| | | |
| | | |

5. PAN Number : GYZPK 3353P
**6. Bank Account No. : 42195480490
7. IFSC Code : SBIN 0030432
8. Bank Name : State Bank of India Rohini-sec 14
9. Residential Address : A-7, Vikas kunj, Loni, Ghaziabad UP
10. Mobile No. : 8448969501
11. E-Mail ID : bkapil1504@gmail.com

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

KAPIL kapil.

(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. KAPIL fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20____ / Nov-Dec, 2023 End Term Exam.

Director
Tecnia Institute of Advanced Studies
(Affiliated to GGSIP University, Delhi)
Medhuban Chowk, Rohini, 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.

eSign Signed by: Ajay Kumar
Reason: Certified Copy
Location: Delhi
Date: 29-Oct-2024 (10:12 AM)

# Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

## Form for Appointment of Evaluators

1. Name & Designation : Dr. Preeti Jindal, Associate Professor
2. Name of Institution where working and date from which working or Name of Institution from which retired and date of retirement : Tecnia Institute of Advanced Studies, New Delhi. Date of Joining: 27th March 2023
3. No. of Subjects taught during current semester/ year (in words): Three.
4. Subjects taught during current semester/ year of BBA (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| 1 | 301 | Goods to service Tax |
| 2. | 211 | Business Research Methodology |
| 3 | 213 | Business Research Methodology Lab |

5. PAN Number : BDWPP3841E
6. Bank Account No. : 30148237983
7. IFSC Code : SBIN0021223
8. Bank Name : State Bank of India
9. Residential Address : A-2/299-300, Sector-8, Rohini-110085
10. Mobile No. : 9717812810, 8700952030
11. E-Mail ID : preeti_pkd@yahoo.com

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

Preeti

Dr. Preeti Jindal
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Dr. Preeti Jindal 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.

Director
Tecnia Institute of Advanced Studies
Madhuban Chowk, Rohini, Delhi-110085

(Name and signature with seal of Head of Institution)

- Deans/ Director / 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.

eSign
Signed by: Ajay Kumar
Reason: Certified Copy
Location: Delhi
Date: 29-Oct-2024 (10:12 AM)

S.No = 1
Date = 27 Dec 23

Form - EI

# Guru Gobind Singh Indraprastha University

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

## Form for Appointment of Evaluators

1. **Name & Designation** : Bharti Aggarwal & AP
2. **Name of Institution where working and date from which working or Name of institution from which retired and date of retirement** : TIAS, August 2014 / NIEC, Dec 2013

*3. **No. of Subjects taught during current semester/ year (in words):** 1

4. **Subjects taught during current semester/ year of** BBA **(Name of the programme)**

| S. No. | Paper Code | Subject |
|---|---|---|
| | BBA 305 | ISM |
| | | |
| | | |
| | | |

5. **PAN Number** : AIPPA7364B
**6. **Bank Account No.** : 0273000102577 4
7. **IFSC Code** : PUNB0027300
8. **Bank Name** : PNB
9. **Residential Address** : H-XV-23, Ph-3, Ashok Vihar, New Delhi
10. **Mobile No.** : 9871066460
11. **E-Mail ID** : bharti_goel2003@yahoo.com

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

Bharti
**(Name & Signature of Evaluator)**
Bharti Aggarwal

It is certified that Sh./Smt./~~Dr.~~ Bharti Aggarwal fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for ~~May – June, 20~~____/ **Nov-Dec, 2023** End Term Exam.

Director
Indira Institute of Advanced Studies
Affiliated to GGSIP University, Delhi
Madhuban Chowk, Rohini, 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.**

eSign
Signed by: Ajay Kumar
Reason: Certified Copy
Location: Delhi
Date: 29-Oct-2024
(10:12 AM)

# Guru Gobind Singh Indraprastha University

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

## Form for Appointment of Evaluators

1. Name & Designation : Dr. Kapil Dev (Associate Professor)
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Tecnia Institute of advanced studies July 2023

*3. No. of Subjects taught during current semester/ year (in words): 3

4. Subjects taught during current semester/ year of _____ (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| 1 | BBA 101 | Management Process and organisation Behaviour |
| 2 | BBA 205 | Human Resource Management. |
| 3. | BCA 221 | Principles of Management & organisation Behaviour. |
| | | |

5. PAN Number : AMKPD 2018 D
**6. Bank Account No. : 50000201006000 7
7. IFSC Code : UBIN0550001
8. Bank Name : UNION BANK OF INDIA
9. Residential Address : V.P.O. Khandewla Distt Gurgaon (HR) Pin 122504
10. Mobile No. : 8814004633
11. E-Mail ID : drkapilchhikara@gmail.com

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

DR. KAPIL DEV
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. Kapil Dev fulfills the criteria for the appointment as evaluator for above mentioned subject(s) of the University for May - June, 20X / Nov-Dec, 2023 End Term Exam.

Director
Tecnia Institute of Advanced Studies
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.