

## Visvesvaraya Technological University

**EXAMINATION SECTION BELAGAVI - 18** 

Phone: (0831) 2498131 Fax : (0831) 2498184

Ref.No / VTU /RO /Pract

Date:

## STRICTLY CONFIDENTIAL

To,

MR.AKASHDEEP B N K.S. SCHOOL OF ENGINEERING AND MANAGEMENT BENGALURU 9986346009

Sir/Madam,

Subject: Appointment as an examiner for Practical Examination

By direction of the Vice-Chancellor, I am to inform you that, you are appointed as an Examiner in the Practical Examination as indicated Below. The Practical Examinations are to be conducted as per the scheme of examination and jointly with the Co-Examiner.

SL.NO	Center	Semester	Subject Code	Subject Name	Time	Date	Batch Number	No. of Candidates	Name of the Co-Examiner
1	K.S. SCHOOL OF ENGINEERING AND MANAGEMENT BENGALURU	2	17CED24	Computer Aided Engineering Drawing	08:30 to 11:30,	2018-12-10	1	1	PRADEEP P YELLAMMA DASAPPA INSTITUTE OF TECHNOLOGY BENGALURU
2	YELLAMMA DASAPPA INSTITUTE OF TECHNOLOGY BENGALURU	7	10MEL77	Design Lab	02:30 to 05:30,	2018-12-06	1	3	VIDYA CHARAN V YELLAMMA DASAPPA INSTITUTE OF TECHNOLOGY BENGALURU
3	YELLAMMA DASAPPA INSTITUTE OF TECHNOLOGY BENGALURU	7	15MEL76	Design Lab	08:30 to 11:30, 11:30 to 02:30,	2018-12-06	1,2	8,9	VIDYA CHARAN V YELLAMMA DASAPPA INSTITUTE OF TECHNOLOGY BENGALURU

I request you to accept this assignment. In case, you are unable to accept the same, kindly intimate to the Special officer/BOE Co-ordinator of respective regions without fail and well in advance.

BOE:

DR.C B MOHAN

JYOTHY INSTITUTE OF TECHNOLOGY

BENGALURU

9449161769

Your Faithfully

Registrar(Evaluation)

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