



MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, WEST BENGAL
(Formerly known as West Bengal University of Technology)
BF-142, Saltlake, Sector-1, Kolkata-700064, India

Ref No COE/Ex./Eval/2ND/2016-17/189326

Date. 23/06/2017

From :

Controller of Examination (Actg).
Maulana Abul Kalam Azad university of Technology, WB

To

Mr SAROJ SINGHMURA

College Code 189

Dear Sir/Madam,

I am directed to inform that you have been appointed as an Examiner for Even Semester Examination, 2016-17 conducted by Maulana Abul Kalam Azad university of Technology, WB. The relevant particulars are given below :

Degree B Pharm 1st Year Even Semester, 2016-17 Course B.Pharm

Name of the Paper Physiology Paper Code PT 205

Full Marks : 70

Hope you will accept the assignment and send your consent (appended below) at early date. For any kind of clarification do not hesitate to contact the undersigned or his office.

NB. In case any of your near relation appearing at the concerned examination, you are requested to decline the offer within 7 days by mentioning the reason in a sealed cover to the undersigned.

Remuneration and TA/DA will be made as per University rules.
Thanking you in anticipation of acceptance & best of cooperation.

Yours Faithfully

Indranil Mukherjee

Date of Evaluation : 10/07/2017

Time : 10:30 AM

Controller of Examinations (Actg.)

Venue : RCC INSTITUTE OF INFORMATION TECHNOLOGY, CANAL SOUTH ROAD, BELIAGHATA, KOLKATA -700015

Note:

1. Each examiner is requested to evaluate 200 answer scripts to help the University to publish the result of the semester as early as possible.

To

Controller of Examination (Actg).
Maulana Abul Kalam Azad university of Technology, WB

In terms of your letter under ref No. COE/Ex./Eval/2ND/2016-17/189326 Date 23/06/2017 hereby give my consent to act as an Examiner in the Subject of Physiology Paper Code PT 205

for the Examination 2016-17 conducted by the Maulana Abul Kalam Azad University of Technology, WB

I promise to keep strictly secret all information of confidential nature related with the concerned examination.

I declare that no one of my near relation is appearing in this Examination

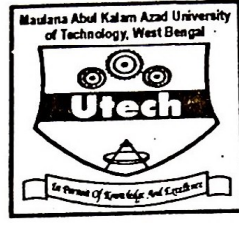
DATE :

NAME OF EXAMINER : Mr. SAROJ SINGHMURA

NAME OF THE INSTITUTIONS : DR. B. C. ROY COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES

Signature of the Examiner

MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, WEST BENGAL
BF-142, SALT LAKE, SECTOR-I, KOLKATA-700 064



rat COE/EVAL/IC.....

Prof. Saroj Singhmaha..... was engaged in confidential assignment in the C.O.E.'s Section of Maulana Abul Kalam Azad University Of Technplogy, West Bengal during 19/07/16 - 20/07/16.....

University thanks the above mentioned faculty member and the respective college as well for this contribution in this important academic activity. The above mentioned period may be treated as "ON DUTY" by the competent authority.

Checked & prepared by :

B 21/07/16

For C.O.E.'s Office

Indranil Mukherjee
Controller of Examinations

Controller of Examination (Actg.)
Maulana Abul Kalam Azad University
of Technology, West Bengal
BF-142, Sector-I, Salt Lake, Kolkata- 700 064
(Formerly Known as West Bengal University of Technology)

To:
The Principal / Director

College Code : 189



MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, WEST BENGAL
(Formerly known as West Bengal University of Technology)
BF-142, Saltlake, Sector-1, Kolkata-700064, India

Ref No COE/Ex./Eval/4TH/2016-17/189707

From :

Date. 23/06/2017

Controller of Examination (Actg).
Maulana Abul Kalam Azad university of Technology, WB

To

Mr SAROJ SINGHMURA

College Code 189

Dear Sir/Madam ,

I am directed to inform that you have been appointed as an Examiner for Even Semester Examination, 2016-17 conducted by Maulana Abul Kalam Azad university of Technology, WB. The relevant particulars are given below :

Degree B.Pharm 2nd Year Even Semester , 2016-17 Course B.Pharm

Name of the Paper Physiology Paper Code PT 405

Full Marks : 70

Hope you will accept the assignment and send your consent (appended below) at early date. For any kind of clarification do not hesitate to contact the undersigned or his office.

NB. In case any of your near relation appearing at the concerned examination, you are requested to decline the offer within 7 days by mentioning the reason in a sealed cover to the undersigned .

Remuneration and TA/DA will be made as per University rules.
Thanking you in anticipation of acceptance & best of cooperation.

Yours Faithfully

Indranil Mukherjee

Date of Evaluation : 13/07/2017

Time : 10:30 AM

Controller of Examinations (Actg.)

Venue : RCC INSTITUTE OF INFORMATION TECHNOLOGY, CANAL SOUTH ROAD, BELIAGHATA, KOLKATA -700015

Note:

1. Each examiner is requested to evaluate 200 answer scripts to help the University to publish the result of the semester as early as possible .

To

Controller of Examination (Actg).
Maulana Abul Kalam Azad university of Technology, WB

In terms of your letter under ref No. COE/Ex./Eval/4TH/2016-17/189707 Date 23/06/2017 hereby give my consent to

act as an Examiner in the Subject of Physiology Paper Code PT 405

for the Examination 2016 -17 conducted by the Maulana Abul Kalam Azad University of Technology, WB

I promise to keep strictly secret all information of confidential nature related with the concerned examination.

I declare that no one of my near relation is appearing in this Examination

DATE :

NAME OF EXAMINER : Mr. SAROJ SINGHMURA

NAME OF THE INSTITUTIONS : DR. B. C. ROY COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES

Signature of the Examiner
