



Grams: "TECHNOLOGY"
Phone : +91-40-23158978 EXT 1323
: +91-40-32410671
Web : jntuh.ac.in
E Mail: ace4jntuh@gmail.com

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD
(Established by Andhra Pradesh Act No.30 of 2008)
Kukatpally, Hyderabad – 500 085, Andhra Pradesh (India)

Dr. A. GOVARDHAN
B.E (CSE), M.Tech.,Ph.D.
Professor in CSE &
DIRECTOR OF EVALUATION

Date: 03-04-2013

To
The Principals of
JNTUH Constituent and Affiliated Colleges offering B.Tech. Courses

Sub: Panel of examinations for the **IV. B.Tech II – Sem Project – Viva – Voce Exam**
APR/MAY-2013 – Req. – Reg.

Sir,

All the Principals whose college codes given below are requested to propose and send three senior faculty members from each branch with full contact details from the university colleges or cluster of self financing engineering colleges as panel of examiners to the ACE - 4 on or before **08-04-2013**, for the forth coming IV. B.Tech Regular & Supply Project Viva – Voce examinations to be conducted during **20-04-2013 to 03-05-2013**. Please note that to examine your students projects, the panel of examiners should be proposed from other colleges not from your own college.

ACE's	College Codes	Address for Correspondence
ACE-4 (Dr.D. Vasumathi)	30, 31, 61, 67, 88, 1Q, 2A, 5D, 5E, 5F, 5U, 5W, 6A, 6F, 6G, 6H, 6M, 6Q, 6Z, 7B, 7C, 7F, 7Q, 7R, 7T, 7X, 7Y, 7Z, 8A, 8C, 8D, 8E, 8F, 8G, 8H, 8J, 8M, 8N, 8P, 8Q, 8R, 8T, 8U, 8W, 8X, 8Y, 8Z, 9A, 9B, 9C, 9D, 9E, 9F, 9G, 9J, 9K, 9L, 9M, 9P, 9R, 9T, 9U, 9W, 9X, 9Y, 9Z, A6, AG, AQ, B6, B8, BA, BE, BK, BT, C0, C9, D2, D4, D5, D6, D8, E1, E2, GE, GM, H1, H2, H3, H5, H6, H8, J2, J5, J8, JJ, K3, L7, M1, M2, M3, M4, M9, N1, N3, N4, N7, N8, P0, P6, P7, PQ, PR, PT, PU, Q6, Q8, QA, QC, QF, QH, QJ, QM, QQ, QR, R1, R3, R5, R9, RA, RD, RG, RK, RP, RU, S1, S3, T8, TC, TG, TP, TQ, U0, U1, U6, UJ, UP, UR, VD, VE, VF, VG, W1, W4, W8, X0, X3, X7	Addl. Controller of Exams-4, Examinations Building, JNTU Hyderabad, Kukatpally, Hyderabad-500 085. E-Mail: <u>ace4jntuh@gmail.com</u>

Thanking you,

Sd/-
DIRECTOR OF EVALUATION

FORMAT OF FACULTY MEMBERS PROPOSED FOR PROJECT-VIVA-VOCE

College Code:

Name of the College_____

E-Mail ID of the College _____

Phone Number of the Principal_____

Phone Number of the Officer In Charge of Examinations_____

S. No.	Department (Student Strength)	Name of Faculty Member & Coll. Name	Designation	Experience	Mobile No.	E-Mail ID Faculty Member
1						
2						
3						
4						

Signature of the Principal
with College Seal