



Grams: "TECHNOLOGY"
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JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD

(Established by Andhra Pradesh Act No.30 of 2008)

Kukatpally, Hyderabad – 500 085, Andhra Pradesh (India)

Dr. K.ESHWARA PRASAD

B.Tech.,M.Tech.,Ph.D.,MISTE,FIE.,C.Eng.

Professor of Mechanical Engg.

DIRECTOR OF EVALUATION

Date: 09-10-2013

To
The Principals,
Affiliated colleges of JNTUH.

Sub: B.Tech I/II/III/IV - Reg & Supply Examinations NOV/DEC – 2013 – proposed list of faculty members for observer duty – Reg.

Sirs,

All the Principals of the below mentioned college codes are requested to propose the names of all faculty members along with experiences from their college for performing observer duty at various affiliated colleges in connection with B.Tech II/III/IV - Reg & Supply (NOV/DEC -2013) Examination. The proposed list of observers should reach the Email (**ace2jntuh@gmail.com**) on or before 18-10-2013 in the enclosed format as attachment (Subject line should be named as College Code - Observers) and hard copy at the time of taking Stationery for the colleges mentioned below.

College Codes	Address for Correspondence
7, 8, 24 ,25 ,26, 27, 28, 32, 37,60, 64, 65, 68, 84, 86, 87, 91, 92, 95, 1R, 5R, 5X ,6C, 6D, 6E, 6J, 6K, 6L, 6P, 6R, 6T, 6U, 6X, 6Y, 7A, 7G, AN, B7, B9, BD, BR, C2, C3, C4, C5, C6, C8, D9, E3, E6, EK, HD, J0, J1, J4, J9, K4, K7, K8, K9, L5, M6, N0, N6, N9, P8, PP, Q9, QD, QK, QP, QT, R0, R2, R4, R7, RC, RH, RJ, RT, S4, S5, TD, TF, TJ, TK, TM, TR, U3, U5, U8, UC, UD, UE, UK, UM, UN, UU, W0, W7, W9, X6, WH,	Addl. Controller of Exams-2, Examinations Building, JNTU Hyderabad, Kukatpally, Hyderabad-500 085. E-Mail: ace2jntuh@gmail.com

The staff members who have been drafted for observer duty should report at the affiliated colleges without fail and the principals of the concerned colleges are requested to relieve the staff members deputed for observer duty.

Thanking you,

Yours Sincerely,

Sd/-xxx
DIRECTOR OF EVALUATION

FORMAT OF FACULTY MEMBERS PROPOSED FOR OBSERVER DUTY

College Code:

Name of the College with Address _____

E-Mail ID of the College _____

Phone Number of the Principal _____

Phone Number of the Officer In Charge of Examinations _____

S. No.	Name of Faculty Member	Designation	Department	Experience	Mobile No.	E-Mail ID Faculty Member
1						
2						
3						
4						
5						
6						

Signature of the Principal
with College Seal