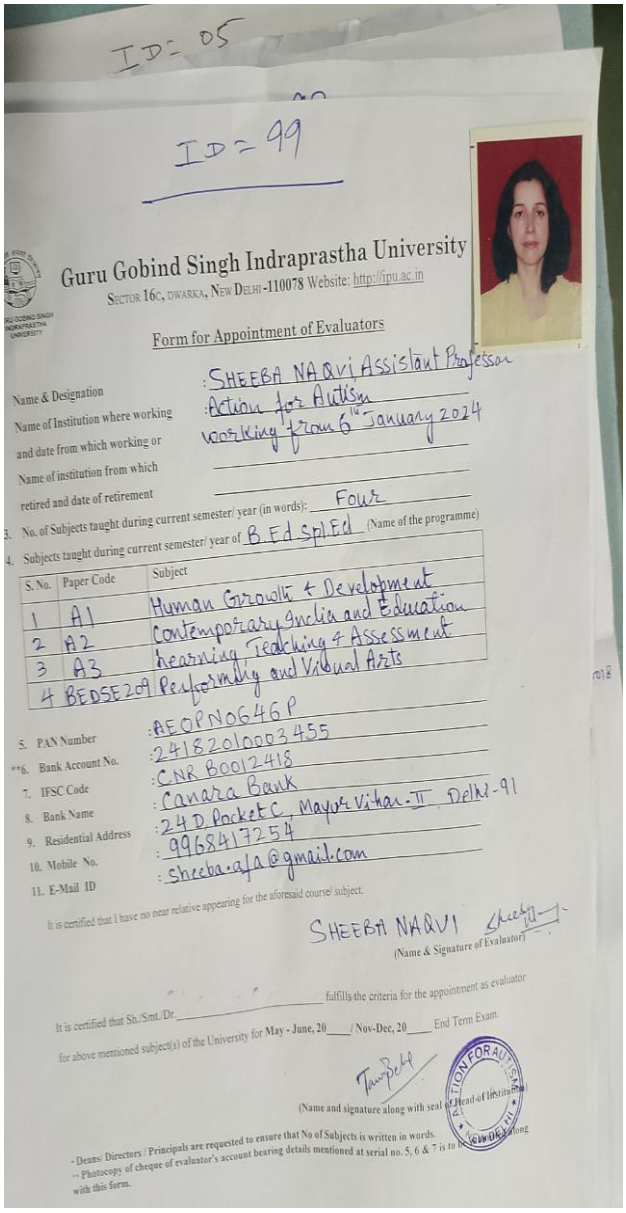
**6. Percentage of faculty participation in university exam – 60% as evaluators and paper setters**



ID- 05

ID- 99

Guru Gobind Singh Indraprastha University
Sector 16C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. Name & Designation : SHEEBA NAQVI, Assistant Professor
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Action for Autism working from 6th January 2024
3. No. of Subjects taught during current semester/ year (in words): Four
4. Subjects taught during current semester/ year of B.Ed Spl.Ed (Name of the programme)

| S.No. | Paper Code | Subject |
|---|---|---|
| 1 | A1 | Human Growth & Development |
| 2 | A2 | Contemporary India and Education |
| 3 | A3 | Learning Teaching & Assessment |
| 4 | BEDSE209 | Performing and Visual Arts |

5. PAN Number : AEOPN0646P
**6. Bank Account No. : 24182010003455
7. IFSC Code : CNRB0012418
8. Bank Name : Canara Bank
9. Residential Address : 24 D Pocket C, Mayur Vihar-II, Delhi-91
10. Mobile No. : 9968417254
11. E-Mail ID : sheeba.ajfa@gmail.com

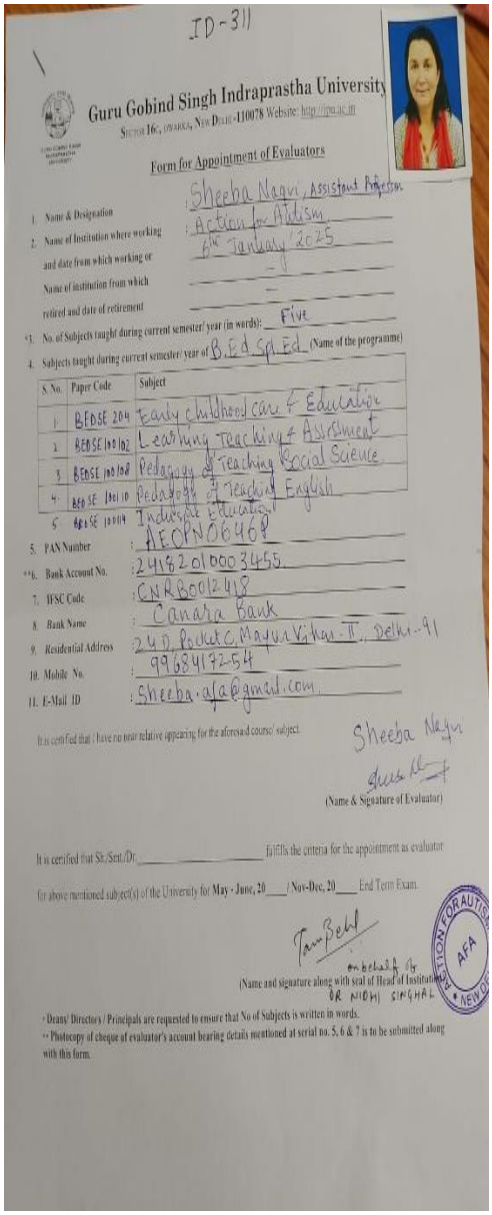
It is certified that I have no near relative appearing for the aforesaid course/ subject.

SHEEBA NAQVI
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. _____ 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.

(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.



ID-311

Guru Gobind Singh Indraprastha University
Sector 16C, Dwarka, New Delhi-110078 Website: http://ipu.ac.in

Form for Appointment of Evaluators

1. Name & Designation : Sheeba Naqvi, Assistant Professor
2. Name of Institution where working and date from which working or Name of institution from which retired and date of retirement : Action for Autism 6th January 2025
3. No. of Subjects taught during current semester/ year (in words): Five
4. Subjects taught during current semester/ year of B.Ed Spl.Ed (Name of the programme)

| S. No. | Paper Code | Subject |
|---|---|---|
| 1 | BEDSE 204 | Early childhood care & Education |
| 2 | BEDSE 103/02 | Learning, Teaching & Assessment |
| 3 | BEDSE 105/08 | Pedagogy of Teaching Social Science |
| 4 | BEDSE 104/10 | Pedagogy of Teaching English |
| 5 | BEDSE 108/14 | Inclusive Education |

5. PAN Number : AEOPN0646P
**6. Bank Account No. : 24182010003455
7. IFSC Code : CNRB0012418
8. Bank Name : Canara Bank
9. Residential Address : 24 D Pocket C, Mayur Vihar-II, Delhi-91
10. Mobile No. : 9968417254
11. E-Mail ID : sheeba.ajfa@gmail.com

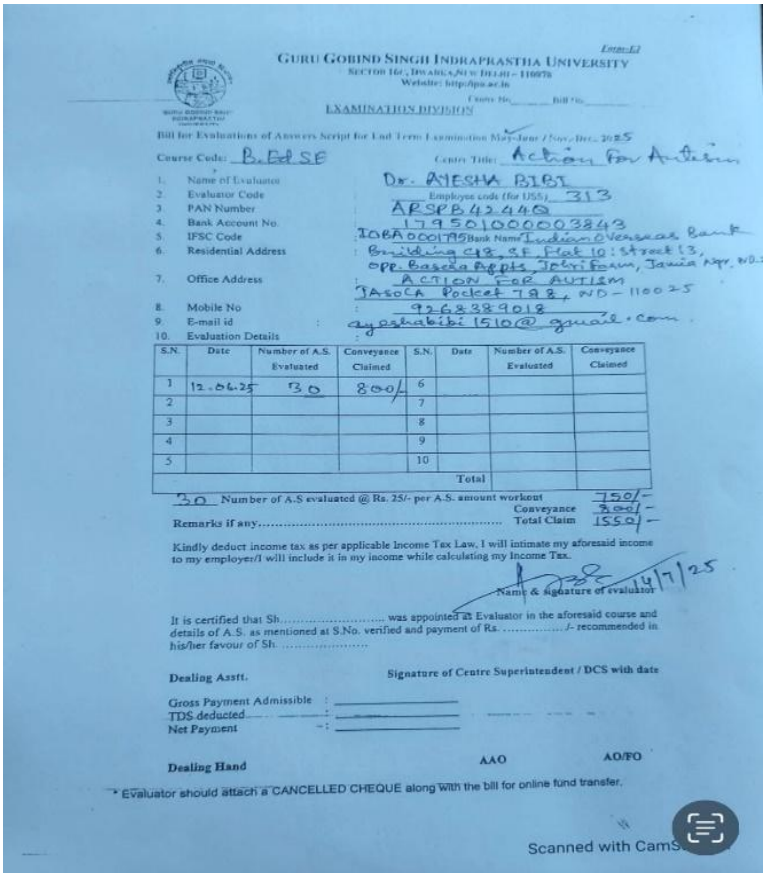
It is certified that I have no near relative appearing for the aforesaid course/ subject.

Sheeba Naqvi
(Name & Signature of Evaluator)

It is certified that Sh./Smt./Dr. _____ 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.

(Name and signature along with seal of Head of Institution)
DR NIDHI SINGHAL

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

EXAMINATION DIVISION

Bill for Evaluations of Answers Script for End Term Examination May-June / Nov.-Dec., 2025

Course Code: B.Ed SE  Centre Title: Action For Autism

1. Name of Evaluator: Dr. AYESHA BIBI
2. Evaluator Code: Employee code (for USS): 313
3. PAN Number: ARSPB4244Q
4. Bank Account No.: 17950100003843
5. IFSC Code: IOBA0001795 Bank Name: Indian Overseas Bank
6. Residential Address: Building C13, SF Flat 10; Street 13, opp. Basera Appts, Jafrabad, Jamia Nagar, ND...
7. Office Address: ACTION FOR AUTISM JASOLA Pocket 79B, ND-110025
8. Mobile No: 9268389018
9. E-mail id: ayeshabibi1510@gmail.com
10. Evaluation Details:

| S.N. | Date | Number of A.S. Evaluated | Conveyance Claimed | S.N. | Date | Number of A.S. Evaluated | Conveyance Claimed |
|---|---|---|---|---|---|---|---|
| 1 | 12.06.25 | 30 | 800/- | 6 | | | |
| 2 | | | | 7 | | | |
| 3 | | | | 8 | | | |
| 4 | | | | 9 | | | |
| 5 | | | | 10 | | | |
| | | | | Total | | | |

30 Number of A.S evaluated @ Rs. 25/- per A.S. amount workout 750/-
Conveyance 800/-
Remarks if any..... Total Claim 1550/-

Kindly deduct income tax as per applicable Income Tax Law, I will intimate my aforesaid income to my employer/I will include it in my income while calculating my Income Tax.

Name & signature of evaluator 14/7/25

It is certified that Sh..... was appointed as Evaluator in the aforesaid course and details of A.S. as mentioned at S.No. verified and payment of Rs. ..... /- recommended in his/her favour of Sh. .....

Dealing Asstt. Signature of Centre Superintendent / DCS with date

Gross Payment Admissible :
TDS deducted :
Net Payment :

Dealing Hand AAO AO/FO

* Evaluator should attach a CANCELLED CHEQUE along with the bill for online fund transfer.

Scanned with CamS...

---------- Forwarded message ---------
From: **Incharge, Secrecy (Examination)** <sec@ipu.ac.in>
Date: Thu, 15 May 2025 at 15:38
Subject: Urgent requirement of question paper, GGSIPU for ET Exam. (May-June 2025)
To: Nidhi Singhal <dr.nidhisinghal@gmail.com>

Sir/mam

Please find attached herewith offer letter, syllabus and remuneration bill.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| BED(SE) (ID/ASD/HI/VI/LD) | BEDSE100222 | AUGMENTATIVE AND ALTERNATIVE COMMUNICATION | DR. | NIDHI SINGHAL | NATIONAL CENTRE FOR AUTISM | | 9811332254 | 75 | dr.nidhisinghal@gmail.com |

Kindly prepare and send the question paper alongwith duly filled remuneration form **(also filled the google form https://forms.gle/V6W3wXSKuo7yeg619)** latest by 21/05/2025 positively **through email only i.e. sec@ipu.ac.in**.

Thank you

**Prof. Kiranmay Sarma**
**Incharge, Secrecy (Examination Branch),**
**GGS IP University,**
**New Delhi-110078**

ACTION FOR AUTISM AFA NEW DELHI

**Dr Nidhi Singhal**
**Director, Research & Trainings**