

**Dr.B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD**  
**EXAMINATION BRANCH**

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION:** 21-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 006 SRR GOVT.DEG.COLLEGE,KARIMNAGAR,KARIMNAGAR DIST. **URDU MEDIUM**

**DAY OF THE EXAM :** 1 **SCODE:** 4052301 **SUBJECT :**POLITICAL SCIENCE:STRESS MANAGEMENT  
(SEEC 1)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0061805399						

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
in this Sheet

Total No.of Present :   
in this Sheet

**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**

**Dr.B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD**  
**EXAMINATION BRANCH**

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION:** 22-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021  
**CENTRE:** 006 SRR GOVT.DEG.COLLEGE,KARIMNAGAR,KARIMNAGAR DIST. **URDU MEDIUM**  
**DAY OF THE EXAM :** 2 **SCODE:** 4052302 **SUBJECT :**POLITICAL SCIENCE:DIGITAL GOVERNANCE  
(SEEC 2)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0061805399						

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
in this Sheet

Total No.of Present :   
in this Sheet

**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**

**Dr.B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD**  
**EXAMINATION BRANCH**

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION:** 25-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 006 SRR GOVT.DEG.COLLEGE,KARIMNAGAR,KARIMNAGAR DIST. **URDU MEDIUM**

**DAY OF THE EXAM :** 5 **SCODE:** 421 **SUBJECT :**HISTORY

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0061805399						

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
in this Sheet

Total No.of Present :   
in this Sheet

**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**

**Dr.B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD**  
**EXAMINATION BRANCH**

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION:** 26-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 006 SRR GOVT.DEG.COLLEGE,KARIMNAGAR,KARIMNAGAR DIST. **URDU MEDIUM**

**DAY OF THE EXAM :** 6 **SCODE:** 423 **SUBJECT :**POLITICAL SCIENCE

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0061805399						

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
in this Sheet

Total No.of Present :    
in this Sheet

**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

Signature of the Invigilator

Signature of Chief Superintendent

**Dr.B.R.AMBEDKAR OPEN UNIVERSITY, HYDERABAD**  
**EXAMINATION BRANCH**

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION:** 27-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 006 SRR GOVT.DEG.COLLEGE,KARIMNAGAR,KARIMNAGAR DIST. **URDU MEDIUM**

**DAY OF THE EXAM :** 7 **SCODE:** 425 **SUBJECT :**PUBLIC ADMINISTRATION

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0061805399						

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
in this Sheet

Total No.of Present :   
in this Sheet

**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**