

**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:** 096 MALD Govt. Arts & Science College, Gadwal

**URDU MEDIUM**

**DAY OF THE EXAM :** 1 **SCODE:** 4052101 **SUBJECT :** HISTORY:STRESS MANAGEMENT (SEEC-1)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0961825345						

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
in this Sheet

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Total No.of Present :  
in this Sheet

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**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**

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**CENTRE:** 096 MALD Govt. Arts & Science College, Gadwal

**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	0961825081						
2	0961825082						
3	0961825162						
4	0961825324						

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
in this Sheet

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Total No.of Present :  
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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:** 096 MALD Govt. Arts & Science College, Gadwal

**URDU MEDIUM**

**DAY OF THE EXAM :** 2

**SCODE:** 4052102

**SUBJECT :** HISTORY: DIGITAL GOVERNANCE (SEEC-2)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.		S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0961825345							

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:** 096 MALD Govt. Arts & Science College, Gadwal

**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	0961825081						
2	0961825082						
3	0961825162						
4	0961825324						

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
in this Sheet

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Total No.of Present :  
in this Sheet

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**Note :** Please write **Absent** or **Mal Practice**  
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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:** 096 MALD Govt. Arts & Science College, Gadwal

**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	0961825081						
2	0961825082						
3	0961825162						
4	0961825345						

Total No.of Absentees :

Total No.of Mal Practice Cases :

Total No.of Present :

**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:** 096 MALD Govt. Arts & Science College, Gadwal

**URDU MEDIUM**

**DAY OF THE EXAM :** 6

**SCODE:** 421

**SUBJECT :** HISTORY

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.		S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0961825324							

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
in this Sheet

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Total No.of Present :  
in this Sheet

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**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:** 096 MALD Govt. Arts & Science College, Gadwal

**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	0961825081						
2	0961825082						
3	0961825162						
4	0961825345						

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**  
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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:** 096 MALD Govt. Arts & Science College, Gadwal

**URDU MEDIUM**

**DAY OF THE EXAM :** 7

**SCODE:** 423

**SUBJECT :** POLITICAL SCIENCE

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.		S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0961825324							

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
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Total No.of Present :  
in this Sheet

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against hall ticket number if any

Signature of the Invigilator

Signature of Chief Superintendent



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**EXAMINATION BRANCH**

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**CENTRE:** 096 MALD Govt. Arts & Science College, Gadwal

**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	0961734934						
2	0961825081						
3	0961825082						
4	0961825162						
5	0961825345						

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