

**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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4050801 **SUBJECT :** TELUGU Literature (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860333 |                       |       |      |         |                       |       |
| 2    | 0431860345 |                       |       |      |         |                       |       |
| 3    | 0431860358 |                       |       |      |         |                       |       |

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**  
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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4051001 **SUBJECT :**COMMERCE: MICRO FINANCE(SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860316 |                       |       |      |         |                       |       |
| 2    | 0431860334 |                       |       |      |         |                       |       |
| 3    | 0431860352 |                       |       |      |         |                       |       |
| 4    | 0431860360 |                       |       |      |         |                       |       |
| 5    | 0431860377 |                       |       |      |         |                       |       |
| 6    | 0431860383 |                       |       |      |         |                       |       |

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
in this Sheet

Total No.of Present :    
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Signature of Chief Superintendent

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4051101 **SUBJECT :**COMMERCE: MICRO FINANCE(SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
in this Sheet

Total No.of Present :   
in this Sheet

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4051301 **SUBJECT :**BOTANY (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860329 |                       |       |      |         |                       |       |

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
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Total No.of Present :   
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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4051501 **SUBJECT :**COMPUTER APPLICATION (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860365 |                       |       |      |         |                       |       |

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4051701 **SUBJECT :**MATHEMATICS (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860378 |                       |       |      |         |                       |       |

Total No.of Absentees :   
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**DATE OF EXAMINATION:** 21-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4052001 **SUBJECT :**ECONOMICS:STRESS MANAGEMENT (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780160 |                       |       |      |         |                       |       |
| 2    | 0431860306 |                       |       |      |         |                       |       |
| 3    | 0431860324 |                       |       |      |         |                       |       |

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

**CENTRE:** 043 VRS & YRN College, Chirala

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780119 |                       |       |      |         |                       |       |
| 2    | 0431780120 |                       |       |      |         |                       |       |
| 3    | 0431860312 |                       |       |      |         |                       |       |
| 4    | 0431860314 |                       |       |      |         |                       |       |
| 5    | 0431860317 |                       |       |      |         |                       |       |
| 6    | 0431860318 |                       |       |      |         |                       |       |
| 7    | 0431860347 |                       |       |      |         |                       |       |
| 8    | 0431860353 |                       |       |      |         |                       |       |
| 9    | 0431860354 |                       |       |      |         |                       |       |
| 10   | 0431860375 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4052201 **SUBJECT :**JOURNALISM:STRESS MANAGEMENT

(SEEC 1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860328 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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**CENTRE:** 043 VRS & YRN College, Chirala

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780139 |                       |       |      |         |                       |       |
| 2    | 0431860307 |                       |       |      |         |                       |       |
| 3    | 0431860308 |                       |       |      |         |                       |       |
| 4    | 0431860310 |                       |       |      |         |                       |       |
| 5    | 0431860335 |                       |       |      |         |                       |       |
| 6    | 0431860337 |                       |       |      |         |                       |       |
| 7    | 0431860348 |                       |       |      |         |                       |       |
| 8    | 0431860355 |                       |       |      |         |                       |       |
| 9    | 0431860356 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4052401

**SUBJECT :**PSYCHOLOGY:STRESS MANAGEMENT  
(SEEC 1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860340 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4052501

**SUBJECT :** PUBLIC ADMINISTRATION: STRESS  
MANAGEMENT (SEEC 1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860357 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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Total No.of Mal Practice Cases :  
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Total No.of Present :  
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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 1 **SCODE:** 4052601 **SUBJECT :** SOCIOLOGY: STRESS MANAGEMENT (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860370 |                       |       |      |         |                       |       |
| 2    | 0431860374 |                       |       |      |         |                       |       |
| 3    | 0431860376 |                       |       |      |         |                       |       |
| 4    | 0431860385 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4050802 **SUBJECT :** TELUGU Literature (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860333 |                       |       |      |         |                       |       |
| 2    | 0431860345 |                       |       |      |         |                       |       |
| 3    | 0431860358 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051002 **SUBJECT :**COMMERCE: RURAL MARKETING(SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860316 |                       |       |      |         |                       |       |
| 2    | 0431860334 |                       |       |      |         |                       |       |
| 3    | 0431860352 |                       |       |      |         |                       |       |
| 4    | 0431860360 |                       |       |      |         |                       |       |
| 5    | 0431860377 |                       |       |      |         |                       |       |
| 6    | 0431860383 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051102 **SUBJECT :**COMMERCE: RURAL MARKETING(SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051302 **SUBJECT :**BOTANY (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860329 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051502 **SUBJECT :**COMPUTER APPLICATION (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860365 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051702 **SUBJECT :**MATHEMATICS (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860378 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4051802 **SUBJECT :**PHYSICS (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780136 |                       |       |      |         |                       |       |

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**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052002 **SUBJECT :**ECONOMICS:DIGITAL GOVERNANCE (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780160 |                       |       |      |         |                       |       |
| 2    | 0431860306 |                       |       |      |         |                       |       |
| 3    | 0431860324 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052102 **SUBJECT :**HISTORY:DIGITAL GOVERNANCE (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780119 |                       |       |      |         |                       |       |
| 2    | 0431780120 |                       |       |      |         |                       |       |
| 3    | 0431860312 |                       |       |      |         |                       |       |
| 4    | 0431860314 |                       |       |      |         |                       |       |
| 5    | 0431860317 |                       |       |      |         |                       |       |
| 6    | 0431860318 |                       |       |      |         |                       |       |
| 7    | 0431860347 |                       |       |      |         |                       |       |
| 8    | 0431860353 |                       |       |      |         |                       |       |
| 9    | 0431860354 |                       |       |      |         |                       |       |
| 10   | 0431860375 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052202

**SUBJECT :**JOURNALISM :DIGITAL GOVERNANCE  
(SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860328 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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Total No.of Mal Practice Cases :  
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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:** 22-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 043 VRS & YRN College, Chirala

**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    | 0431860307 |                    |       |      |         |                    |       |
| 2    | 0431860308 |                    |       |      |         |                    |       |
| 3    | 0431860310 |                    |       |      |         |                    |       |
| 4    | 0431860335 |                    |       |      |         |                    |       |
| 5    | 0431860337 |                    |       |      |         |                    |       |
| 6    | 0431860348 |                    |       |      |         |                    |       |
| 7    | 0431860355 |                    |       |      |         |                    |       |
| 8    | 0431860356 |                    |       |      |         |                    |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052402

**SUBJECT :**PSYCHOLOGY :DIGITAL GOVERNANCE  
(SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860340 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052502

**SUBJECT :**PUBLIC ADMINISTRATION :DIGITAL  
GOVERNANCE (SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860357 |                       |       |      |         |                       |       |

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 :  
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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:** 22-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 2 **SCODE:** 4052602

**SUBJECT :** SOCIOLOGY :DIGITAL GOVERNANCE  
(SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860370 |                       |       |      |         |                       |       |
| 2    | 0431860374 |                       |       |      |         |                       |       |
| 3    | 0431860376 |                       |       |      |         |                       |       |
| 4    | 0431860385 |                       |       |      |         |                       |       |

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: 23-03-2021 NAME OF EXAMINATION: UG(CBCS) IV SEMESTER MARCH-2021**

**CENTRE: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 3      SCORE: 403      SUBJECT :English (LSC)**

| S.NO | H.T.NO.    | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO.    | ANSWER BOOKLET NO. | SIGN. |
|------|------------|--------------------|-------|------|------------|--------------------|-------|
| 1    | 0431780119 |                    |       | 20   | 0431860337 |                    |       |
| 2    | 0431780120 |                    |       | 21   | 0431860340 |                    |       |
| 3    | 0431780160 |                    |       | 22   | 0431860345 |                    |       |
| 4    | 0431860303 |                    |       | 23   | 0431860347 |                    |       |
| 5    | 0431860306 |                    |       | 24   | 0431860348 |                    |       |
| 6    | 0431860307 |                    |       | 25   | 0431860352 |                    |       |
| 7    | 0431860308 |                    |       | 26   | 0431860353 |                    |       |
| 8    | 0431860310 |                    |       | 27   | 0431860354 |                    |       |
| 9    | 0431860312 |                    |       | 28   | 0431860355 |                    |       |
| 10   | 0431860314 |                    |       | 29   | 0431860356 |                    |       |
| 11   | 0431860316 |                    |       | 30   | 0431860357 |                    |       |
| 12   | 0431860317 |                    |       | 31   | 0431860358 |                    |       |
| 13   | 0431860318 |                    |       | 32   | 0431860360 |                    |       |
| 14   | 0431860324 |                    |       | 33   | 0431860365 |                    |       |
| 15   | 0431860328 |                    |       | 34   | 0431860368 |                    |       |
| 16   | 0431860329 |                    |       | 35   | 0431860370 |                    |       |
| 17   | 0431860333 |                    |       | 36   | 0431860371 |                    |       |
| 18   | 0431860334 |                    |       | 37   | 0431860374 |                    |       |
| 19   | 0431860335 |                    |       | 38   | 0431860375 |                    |       |

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: 23-03-2021 NAME OF EXAMINATION: UG(CBCS) IV SEMESTER MARCH-2021**

**CENTRE: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 3      SCORE: 403      SUBJECT :English (LSC)**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 39   | 0431860376 |                       |       |      |         |                       |       |
| 40   | 0431860377 |                       |       |      |         |                       |       |
| 41   | 0431860378 |                       |       |      |         |                       |       |
| 42   | 0431860383 |                       |       |      |         |                       |       |
| 43   | 0431860385 |                       |       |      |         |                       |       |

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
in this Sheet

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

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

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION: 24-03-2021 NAME OF EXAMINATION: UG(CBCS) IV SEMESTER MARCH-2021**

**CENTRE: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 4      SCORE: 4041      SUBJECT :MIL-Telugu**

| S.NO | H.T.NO.    | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO.    | ANSWER BOOKLET NO. | SIGN. |
|------|------------|--------------------|-------|------|------------|--------------------|-------|
| 1    | 0431780119 |                    |       | 20   | 0431860347 |                    |       |
| 2    | 0431780120 |                    |       | 21   | 0431860348 |                    |       |
| 3    | 0431780160 |                    |       | 22   | 0431860352 |                    |       |
| 4    | 0431860306 |                    |       | 23   | 0431860353 |                    |       |
| 5    | 0431860307 |                    |       | 24   | 0431860354 |                    |       |
| 6    | 0431860308 |                    |       | 25   | 0431860355 |                    |       |
| 7    | 0431860310 |                    |       | 26   | 0431860357 |                    |       |
| 8    | 0431860312 |                    |       | 27   | 0431860358 |                    |       |
| 9    | 0431860314 |                    |       | 28   | 0431860365 |                    |       |
| 10   | 0431860317 |                    |       | 29   | 0431860368 |                    |       |
| 11   | 0431860318 |                    |       | 30   | 0431860370 |                    |       |
| 12   | 0431860324 |                    |       | 31   | 0431860371 |                    |       |
| 13   | 0431860328 |                    |       | 32   | 0431860374 |                    |       |
| 14   | 0431860329 |                    |       | 33   | 0431860375 |                    |       |
| 15   | 0431860333 |                    |       | 34   | 0431860376 |                    |       |
| 16   | 0431860334 |                    |       | 35   | 0431860377 |                    |       |
| 17   | 0431860335 |                    |       | 36   | 0431860378 |                    |       |
| 18   | 0431860340 |                    |       | 37   | 0431860383 |                    |       |
| 19   | 0431860345 |                    |       |      |            |                    |       |

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:** 24-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

**CENTRE:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 4 **SCODE:** 4044 **SUBJECT :** MIL-F.Eng

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |
| 2    | 0431860316 |                       |       |      |         |                       |       |
| 3    | 0431860337 |                       |       |      |         |                       |       |
| 4    | 0431860356 |                       |       |      |         |                       |       |
| 5    | 0431860360 |                       |       |      |         |                       |       |
| 6    | 0431860385 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5**

**SCODE: 408**

**SUBJECT :TELUGU Literature**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860333 |                       |       |      |         |                       |       |
| 2    | 0431860345 |                       |       |      |         |                       |       |
| 3    | 0431860348 |                       |       |      |         |                       |       |
| 4    | 0431860358 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5      SCORE: 410      SUBJECT :COMMERCE-10**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |
| 2    | 0431860316 |                       |       |      |         |                       |       |
| 3    | 0431860317 |                       |       |      |         |                       |       |
| 4    | 0431860318 |                       |       |      |         |                       |       |
| 5    | 0431860324 |                       |       |      |         |                       |       |
| 6    | 0431860334 |                       |       |      |         |                       |       |
| 7    | 0431860352 |                       |       |      |         |                       |       |
| 8    | 0431860355 |                       |       |      |         |                       |       |
| 9    | 0431860360 |                       |       |      |         |                       |       |
| 10   | 0431860368 |                       |       |      |         |                       |       |
| 11   | 0431860371 |                       |       |      |         |                       |       |
| 12   | 0431860377 |                       |       |      |         |                       |       |
| 13   | 0431860383 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5      SCORE: 413      SUBJECT :BOTANY**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860329 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 5 **SCODE:** 414 **SUBJECT :**CHEMISTRY

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780136 |                       |       |      |         |                       |       |
| 2    | 0431860378 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 5 **SCODE:** 415 **SUBJECT :**Computer Applications

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860365 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5      SCORE: 420      SUBJECT :ECONOMICS**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780119 |                       |       |      |         |                       |       |
| 2    | 0431780120 |                       |       |      |         |                       |       |
| 3    | 0431780160 |                       |       |      |         |                       |       |
| 4    | 0431860306 |                       |       |      |         |                       |       |
| 5    | 0431860307 |                       |       |      |         |                       |       |
| 6    | 0431860310 |                       |       |      |         |                       |       |
| 7    | 0431860312 |                       |       |      |         |                       |       |
| 8    | 0431860335 |                       |       |      |         |                       |       |
| 9    | 0431860337 |                       |       |      |         |                       |       |
| 10   | 0431860347 |                       |       |      |         |                       |       |
| 11   | 0431860356 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860308 |                       |       |      |         |                       |       |
| 2    | 0431860314 |                       |       |      |         |                       |       |
| 3    | 0431860353 |                       |       |      |         |                       |       |
| 4    | 0431860354 |                       |       |      |         |                       |       |
| 5    | 0431860357 |                       |       |      |         |                       |       |
| 6    | 0431860374 |                       |       |      |         |                       |       |
| 7    | 0431860375 |                       |       |      |         |                       |       |
| 8    | 0431860376 |                       |       |      |         |                       |       |
| 9    | 0431860385 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 5 **SCODE:** 422 **SUBJECT :**JOURNALISM

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860328 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5      SCORE: 423      SUBJECT :POLITICAL SCIENCE**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860370 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 5      SCORE: 424      SUBJECT :PSYCHOLOGY**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860340 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 6**

**SCODE: 411**

**SUBJECT :COMMERCE-11**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |
| 2    | 0431860316 |                       |       |      |         |                       |       |
| 3    | 0431860317 |                       |       |      |         |                       |       |
| 4    | 0431860318 |                       |       |      |         |                       |       |
| 5    | 0431860324 |                       |       |      |         |                       |       |
| 6    | 0431860334 |                       |       |      |         |                       |       |
| 7    | 0431860352 |                       |       |      |         |                       |       |
| 8    | 0431860355 |                       |       |      |         |                       |       |
| 9    | 0431860360 |                       |       |      |         |                       |       |
| 10   | 0431860368 |                       |       |      |         |                       |       |
| 11   | 0431860371 |                       |       |      |         |                       |       |
| 12   | 0431860377 |                       |       |      |         |                       |       |
| 13   | 0431860383 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 6 **SCODE:** 414 **SUBJECT :**CHEMISTRY

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860329 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 6      SCORE: 417      SUBJECT :MATHEMATICS**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780136 |                       |       |      |         |                       |       |
| 2    | 0431860365 |                       |       |      |         |                       |       |
| 3    | 0431860378 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 6      SCORE: 421      SUBJECT :HISTORY**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780119 |                       |       |      |         |                       |       |
| 2    | 0431780120 |                       |       |      |         |                       |       |
| 3    | 0431780160 |                       |       |      |         |                       |       |
| 4    | 0431860306 |                       |       |      |         |                       |       |
| 5    | 0431860307 |                       |       |      |         |                       |       |
| 6    | 0431860310 |                       |       |      |         |                       |       |
| 7    | 0431860312 |                       |       |      |         |                       |       |
| 8    | 0431860333 |                       |       |      |         |                       |       |
| 9    | 0431860335 |                       |       |      |         |                       |       |
| 10   | 0431860347 |                       |       |      |         |                       |       |
| 11   | 0431860356 |                       |       |      |         |                       |       |
| 12   | 0431860358 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860308 |                       |       |      |         |                       |       |
| 2    | 0431860314 |                       |       |      |         |                       |       |
| 3    | 0431860337 |                       |       |      |         |                       |       |
| 4    | 0431860345 |                       |       |      |         |                       |       |
| 5    | 0431860348 |                       |       |      |         |                       |       |
| 6    | 0431860353 |                       |       |      |         |                       |       |
| 7    | 0431860354 |                       |       |      |         |                       |       |
| 8    | 0431860357 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 6**

**SCODE: 425**

**SUBJECT :PUBLIC ADMINISTRATION**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780172 |                       |       |      |         |                       |       |
| 2    | 0431860328 |                       |       |      |         |                       |       |
| 3    | 0431860340 |                       |       |      |         |                       |       |
| 4    | 0431860370 |                       |       |      |         |                       |       |
| 5    | 0431860374 |                       |       |      |         |                       |       |
| 6    | 0431860375 |                       |       |      |         |                       |       |
| 7    | 0431860376 |                       |       |      |         |                       |       |
| 8    | 0431860385 |                       |       |      |         |                       |       |

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

**CENTRE: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 7      SCORE: 412      SUBJECT :COMMERCE-12**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860352 |                       |       |      |         |                       |       |
| 2    | 0431860360 |                       |       |      |         |                       |       |
| 3    | 0431860383 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 7      SCORE: 418      SUBJECT :PHYSICS**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780136 |                       |       |      |         |                       |       |
| 2    | 0431860365 |                       |       |      |         |                       |       |
| 3    | 0431860378 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 7 **SCODE:** 419 **SUBJECT :**ZOOLOGY

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860329 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 7 **SCORE:** 420 **SUBJECT :**ECONOMICS

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860303 |                       |       |      |         |                       |       |
| 2    | 0431860316 |                       |       |      |         |                       |       |
| 3    | 0431860324 |                       |       |      |         |                       |       |
| 4    | 0431860334 |                       |       |      |         |                       |       |
| 5    | 0431860377 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 7 **SCODE:** 421 **SUBJECT :** HISTORY

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860317 |                       |       |      |         |                       |       |
| 2    | 0431860318 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 7 **SCORE:** 423 **SUBJECT :** POLITICAL SCIENCE

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431780119 |                       |       |      |         |                       |       |
| 2    | 0431780120 |                       |       |      |         |                       |       |
| 3    | 0431780160 |                       |       |      |         |                       |       |
| 4    | 0431860306 |                       |       |      |         |                       |       |
| 5    | 0431860307 |                       |       |      |         |                       |       |
| 6    | 0431860310 |                       |       |      |         |                       |       |
| 7    | 0431860312 |                       |       |      |         |                       |       |
| 8    | 0431860335 |                       |       |      |         |                       |       |
| 9    | 0431860347 |                       |       |      |         |                       |       |
| 10   | 0431860355 |                       |       |      |         |                       |       |
| 11   | 0431860356 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860314 |                       |       |      |         |                       |       |
| 2    | 0431860333 |                       |       |      |         |                       |       |
| 3    | 0431860345 |                       |       |      |         |                       |       |
| 4    | 0431860348 |                       |       |      |         |                       |       |
| 5    | 0431860353 |                       |       |      |         |                       |       |
| 6    | 0431860354 |                       |       |      |         |                       |       |
| 7    | 0431860357 |                       |       |      |         |                       |       |
| 8    | 0431860358 |                       |       |      |         |                       |       |

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:** 043 VRS & YRN College, Chirala

**DAY OF THE EXAM :** 7 **SCORE:** 426 **SUBJECT :** SOCIOLOGY

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860308 |                       |       |      |         |                       |       |
| 2    | 0431860328 |                       |       |      |         |                       |       |
| 3    | 0431860337 |                       |       |      |         |                       |       |
| 4    | 0431860340 |                       |       |      |         |                       |       |
| 5    | 0431860370 |                       |       |      |         |                       |       |
| 6    | 0431860374 |                       |       |      |         |                       |       |
| 7    | 0431860375 |                       |       |      |         |                       |       |
| 8    | 0431860376 |                       |       |      |         |                       |       |
| 9    | 0431860385 |                       |       |      |         |                       |       |

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: 043 VRS & YRN College, Chirala**

**DAY OF THE EXAM : 7      SCORE: 427      SUBJECT :Statistics**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0431860368 |                       |       |      |         |                       |       |
| 2    | 0431860371 |                       |       |      |         |                       |       |

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