

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 1 **SCODE:** 4050601 **SUBJECT :**ENGLISH Literature (SEEC-1)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857317 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857516 | | | | | | |
| 2 | 0451857521 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857315 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 1 **SCODE:** 4051801 **SUBJECT :**PHYSICS (SEEC-1)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776499 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 1 **SCODE:** 4051901 **SUBJECT :**ZOOLOGY (SEEC-1)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |
| 2 | 0451857312 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857507 | | | | | | |
| 2 | 0451857525 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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 | 0451776246 | | | | | | |
| 2 | 0451857506 | | | | | | |
| 3 | 0451857518 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |

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

CENTRE: 045 DNR College, Bhimavaram.

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 | 0451776253 | | | | | | |
| 2 | 0451776260 | | | | | | |
| 3 | 0451857313 | | | | | | |
| 4 | 0451857318 | | | | | | |
| 5 | 0451857334 | | | | | | |
| 6 | 0451857504 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 2 **SCODE:** 4050602 **SUBJECT :**ENGLISH Literature (SEEC-2)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857317 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 2

SCODE: 4050802

SUBJECT : TELUGU Literature (SEEC-2)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857516 | | | | | | |
| 2 | 0451857521 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857315 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776499 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 2 **SCODE:** 4051902 **SUBJECT :**ZOOLOGY (SEEC-2)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |
| 2 | 0451857312 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776515 | | | | | | |
| 2 | 0451857507 | | | | | | |
| 3 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451776246 | | | | | | |
| 2 | 0451857506 | | | | | | |
| 3 | 0451857518 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

SUBJECT :JOURNALISM :DIGITAL GOVERNANCE
(SEEC 2)

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451776208 | | | | | | |
| 2 | 0451776224 | | | | | | |
| 3 | 0451776253 | | | | | | |
| 4 | 0451776260 | | | | | | |
| 5 | 0451776477 | | | | | | |
| 6 | 0451857313 | | | | | | |
| 7 | 0451857318 | | | | | | |
| 8 | 0451857334 | | | | | | |
| 9 | 0451857504 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451776241 | | | | | | |
| 2 | 0451776246 | | | | | | |
| 3 | 0451776251 | | | | | | |
| 4 | 0451776260 | | | | | | |
| 5 | 0451776492 | | | | | | |
| 6 | 0451776515 | | | | | | |
| 7 | 0451857312 | | | | | | |
| 8 | 0451857313 | | | | | | |
| 9 | 0451857315 | | | | | | |
| 10 | 0451857317 | | | | | | |
| 11 | 0451857318 | | | | | | |
| 12 | 0451857334 | | | | | | |
| 13 | 0451857504 | | | | | | |
| 14 | 0451857506 | | | | | | |
| 15 | 0451857507 | | | | | | |
| 16 | 0451857516 | | | | | | |
| 17 | 0451857518 | | | | | | |
| 18 | 0451857521 | | | | | | |
| 19 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 4

SCODE: 4041

SUBJECT :MIL-Telugu

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |
| 2 | 0451776246 | | | | | | |
| 3 | 0451776260 | | | | | | |
| 4 | 0451857312 | | | | | | |
| 5 | 0451857313 | | | | | | |
| 6 | 0451857315 | | | | | | |
| 7 | 0451857317 | | | | | | |
| 8 | 0451857318 | | | | | | |
| 9 | 0451857334 | | | | | | |
| 10 | 0451857504 | | | | | | |
| 11 | 0451857506 | | | | | | |
| 12 | 0451857507 | | | | | | |
| 13 | 0451857516 | | | | | | |
| 14 | 0451857518 | | | | | | |
| 15 | 0451857521 | | | | | | |
| 16 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 5 **SCODE:** 406 **SUBJECT :**English Literature

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857313 | | | | | | |
| 2 | 0451857317 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 5

SCODE: 408

SUBJECT :TELUGU Literature

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857516 | | | | | | |
| 2 | 0451857521 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776239 | | | | | | |
| 2 | 0451776255 | | | | | | |
| 3 | 0451857315 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |
| 2 | 0451857312 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857318 | | | | | | |
| 2 | 0451857334 | | | | | | |
| 3 | 0451857506 | | | | | | |
| 4 | 0451857507 | | | | | | |
| 5 | 0451857518 | | | | | | |
| 6 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |
| 2 | 0451776246 | | | | | | |
| 3 | 0451857504 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 5

SCODE: 423

SUBJECT : POLITICAL SCIENCE

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776253 | | | | | | |
| 2 | 0451776258 | | | | | | |
| 3 | 0451776260 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 6

SCODE: 411

SUBJECT :COMMERCE-11

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776239 | | | | | | |
| 2 | 0451776255 | | | | | | |
| 3 | 0451857315 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 6 SCORE: 414 SUBJECT :CHEMISTRY

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |
| 2 | 0451857312 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|--|------|---------|-----------------------|-------|
| 1 | 0451776499 | | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 6 SCORE: 420 SUBJECT :ECONOMICS

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857317 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451776224 | | | | | | |
| 2 | 0451776252 | | | | | | |
| 3 | 0451776469 | | | | | | |
| 4 | 0451857313 | | | | | | |
| 5 | 0451857318 | | | | | | |
| 6 | 0451857334 | | | | | | |
| 7 | 0451857506 | | | | | | |
| 8 | 0451857507 | | | | | | |
| 9 | 0451857518 | | | | | | |
| 10 | 0451857521 | | | | | | |
| 11 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 6 **SCODE:** 422 **SUBJECT :**JOURNALISM

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451776246 | | | | | | |
| 2 | 0451776515 | | | | | | |
| 3 | 0451857504 | | | | | | |
| 4 | 0451857516 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 6

SCODE: 425

SUBJECT :PUBLIC ADMINISTRATION

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776251 | | | | | | |
| 2 | 0451776253 | | | | | | |
| 3 | 0451776258 | | | | | | |
| 4 | 0451776260 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 7

SCODE: 412

SUBJECT :COMMERCE-12

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776239 | | | | | | |
| 2 | 0451857315 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776499 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 7 SCORE: 419 SUBJECT :ZOOLOGY

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776492 | | | | | | |
| 2 | 0451857312 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451857317 | | | | | | |

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: 045 DNR College, Bhimavaram.

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 | 0451857313 | | | | | | |
| 2 | 0451857318 | | | | | | |
| 3 | 0451857334 | | | | | | |
| 4 | 0451857506 | | | | | | |
| 5 | 0451857507 | | | | | | |
| 6 | 0451857518 | | | | | | |
| 7 | 0451857521 | | | | | | |
| 8 | 0451857525 | | | | | | |

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: 045 DNR College, Bhimavaram.

DAY OF THE EXAM : 7 **SCODE:** 424 **SUBJECT :**PSYCHOLOGY

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776241 | | | | | | |

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: 045 DNR College, Bhimavaram.

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

| S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1 | 0451776246 | | | | | | |
| 2 | 0451776251 | | | | | | |
| 3 | 0451776253 | | | | | | |
| 4 | 0451776260 | | | | | | |
| 5 | 0451857504 | | | | | | |
| 6 | 0451857516 | | | | | | |

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