

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: 050 Govt. Degree College, Huzurabad

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	0501806570						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

Signature of the Invigilator

Signature of Chief Superintendent

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

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 1 **SCODE:** 4051001 **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	0501806555						
2	0501806600						
3	0501806607						
4	0501806613						
5	0501806616						
6	0501806617						
7	0501806625						

Total No.of Absentees :
in this Sheet

Total No.of Mal Practice Cases :
in this Sheet

Total No.of Present :
in this Sheet

Note : Please write **Absent** or **Mal Practice**
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Signature of the Invigilator

Signature of Chief Superintendent

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

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501806608						
2	0501806618						

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

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EXAMINATION BRANCH

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 1 **SCODE:** 4051201 **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	0501806605						
2	0501806626						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806610						
2	0501806612						

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

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806606						
2	0501806630						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806640						

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

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EXAMINATION BRANCH

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

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501708873						
2	0501708933						
3	0501806596						
4	0501806602						
5	0501806603						

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

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EXAMINATION BRANCH

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CENTRE: 050 Govt. Degree College, Huzurabad

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	0501806552						
2	0501806557						
3	0501806567						
4	0501806585						
5	0501806589						

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

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EXAMINATION BRANCH

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 1 **SCODE:** 4052501 **SUBJECT :** PUBLIC ADMINISTRATION: STRESS
MANAGEMENT (SEEC 1)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708932						
2	0501806556						
3	0501806599						
4	0501806614						
5	0501806635						

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

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708905						
2	0501806553						
3	0501806554						
4	0501806558						
5	0501806560						
6	0501806565						
7	0501806568						
8	0501806572						
9	0501806573						
10	0501806580						
11	0501806594						
12	0501806609						
13	0501806622						

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

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EXAMINATION BRANCH

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

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501806570						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

Signature of the Invigilator

Signature of Chief Superintendent

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CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 2 **SCODE:** 4051002 **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	0501806555						
2	0501806600						
3	0501806607						
4	0501806613						
5	0501806616						
6	0501806617						
7	0501806625						

Total No.of Absentees :
in this Sheet

Total No.of Mal Practice Cases :
in this Sheet

Total No.of Present :
in this Sheet

Note : Please write **Absent** or **Mal Practice**
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Signature of Chief Superintendent

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CENTRE: 050 Govt. Degree College, Huzurabad

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	0501806608						
2	0501806618						

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

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Signature of Chief Superintendent

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CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 2 **SCODE:** 4051202 **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	0501708927						
2	0501806605						
3	0501806626						

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

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806610						
2	0501806612						

Total No.of Absentees :
in this Sheet

Total No.of Mal Practice Cases :
in this Sheet

Total No.of Present :
in this Sheet

Note : Please write **Absent** or **Mal Practice**
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Signature of the Invigilator

Signature of Chief Superintendent

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806606						
2	0501806630						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
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DATE OF EXAMINATION: 22-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806640						

Total No.of Absentees :
in this Sheet

Total No.of Mal Practice Cases :
in this Sheet

Total No.of Present :
in this Sheet

Note : Please write **Absent** or **Mal Practice**
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DATE OF EXAMINATION: 22-03-2021 **NAME OF EXAMINATION:** UG(CBCS) IV SEMESTER MARCH-2021

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501708873						
2	0501708933						
3	0501806596						
4	0501806602						
5	0501806603						

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: 050 Govt. Degree College, Huzurabad

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	0501806552						
2	0501806557						
3	0501806567						
4	0501806585						
5	0501806589						

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

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 2 **SCODE:** 4052502 **SUBJECT :** PUBLIC ADMINISTRATION :DIGITAL GOVERNANCE (SEEC 2)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806556						
2	0501806599						
3	0501806614						
4	0501806635						

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

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 2 **SCODE:** 4052602 **SUBJECT :** SOCIOLOGY :DIGITAL GOVERNANCE
(SEEC 2)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806553						
2	0501806554						
3	0501806558						
4	0501806560						
5	0501806565						
6	0501806568						
7	0501806572						
8	0501806573						
9	0501806580						
10	0501806594						
11	0501806609						
12	0501806622						

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

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501708873			20	0501806594		
2	0501708933			21	0501806596		
3	0501806552			22	0501806599		
4	0501806553			23	0501806600		
5	0501806554			24	0501806602		
6	0501806555			25	0501806603		
7	0501806556			26	0501806605		
8	0501806557			27	0501806606		
9	0501806558			28	0501806607		
10	0501806560			29	0501806608		
11	0501806565			30	0501806609		
12	0501806567			31	0501806610		
13	0501806568			32	0501806612		
14	0501806570			33	0501806613		
15	0501806572			34	0501806614		
16	0501806573			35	0501806616		
17	0501806580			36	0501806617		
18	0501806585			37	0501806618		
19	0501806589			38	0501806622		

Total No.of Absentees :

Total No.of Mal Practice Cases :

Total No.of Present :

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

Signature of the Invigilator

Signature of Chief Superintendent

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

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
39	0501806625						
40	0501806626						
41	0501806630						
42	0501806635						
43	0501806640						

Total No.of Absentees :
in this Sheet

Total No.of Mal Practice Cases :
in this Sheet

Total No.of Present :
in this Sheet

Note : Please write **Absent** or **Mal Practice**
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Signature of 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: 050 Govt. Degree College, Huzurabad

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	0501708873			20	0501806599		
2	0501708933			21	0501806600		
3	0501806553			22	0501806602		
4	0501806554			23	0501806603		
5	0501806555			24	0501806605		
6	0501806556			25	0501806606		
7	0501806557			26	0501806607		
8	0501806558			27	0501806608		
9	0501806560			28	0501806609		
10	0501806567			29	0501806613		
11	0501806568			30	0501806614		
12	0501806570			31	0501806616		
13	0501806572			32	0501806617		
14	0501806573			33	0501806618		
15	0501806580			34	0501806622		
16	0501806585			35	0501806625		
17	0501806589			36	0501806626		
18	0501806594			37	0501806635		
19	0501806596						

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: 050 Govt. Degree College, Huzurabad

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	0501806552						
2	0501806565						
3	0501806610						
4	0501806612						
5	0501806630						
6	0501806640						

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: 050 Govt. Degree College, Huzurabad

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	0501806565						

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: 050 Govt. Degree College, Huzurabad

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	0501806553						
2	0501806560						
3	0501806570						
4	0501806589						
5	0501806614						
6	0501806635						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

Signature of the Invigilator

Signature of Chief Superintendent

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

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

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	0501806555						
2	0501806600						
3	0501806605						
4	0501806606						
5	0501806607						
6	0501806608						
7	0501806613						
8	0501806616						
9	0501806617						
10	0501806618						
11	0501806625						
12	0501806626						
13	0501806630						

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: 050 Govt. Degree College, Huzurabad

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	0501806610						
2	0501806612						

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 Superintend

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: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 5 SCORE: 414 SUBJECT :CHEMISTRY

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806640						

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: 050 Govt. Degree College, Huzurabad

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	0501708904						
2	0501708933						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708873						
2	0501806567						
3	0501806585						
4	0501806594						
5	0501806596						
6	0501806599						
7	0501806602						
8	0501806603						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708905						
2	0501806552						
3	0501806554						
4	0501806556						
5	0501806557						
6	0501806558						
7	0501806568						
8	0501806572						
9	0501806573						
10	0501806580						
11	0501806609						
12	0501806622						

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: 050 Govt. Degree College, Huzurabad

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	0501806555						
2	0501806600						
3	0501806605						
4	0501806606						
5	0501806607						
6	0501806608						
7	0501806613						
8	0501806616						
9	0501806617						
10	0501806618						
11	0501806625						
12	0501806626						
13	0501806630						

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: 050 Govt. Degree College, Huzurabad

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	0501806640						

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: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 6 SCORE: 418 SUBJECT :PHYSICS

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806610						
2	0501806612						

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: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 6 SCORE: 419 SUBJECT :ZOOLOGY

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708893						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708904						
2	0501708933						
3	0501806570						

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: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 6 SCORE: 422 SUBJECT :JOURNALISM

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806599						

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: 050 Govt. Degree College, Huzurabad

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	0501708873						
2	0501806553						
3	0501806567						
4	0501806585						
5	0501806589						
6	0501806594						
7	0501806596						
8	0501806602						
9	0501806603						
10	0501806635						

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: 050 Govt. Degree College, Huzurabad

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	0501806552						
2	0501806554						
3	0501806556						
4	0501806557						
5	0501806558						
6	0501806560						
7	0501806565						
8	0501806568						
9	0501806572						
10	0501806573						
11	0501806580						
12	0501806609						
13	0501806614						
14	0501806622						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

Signature of the Invigilator

Signature of Chief Superintendent

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

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 7

SCODE: 411

SUBJECT :COMMERCE-11

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708914						

Total No.of Absentees :
in this Sheet

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Total No.of Mal Practice Cases :
in this Sheet

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Total No.of Present :
in this Sheet

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

Signature of the Invigilator

Signature of Chief Superintendent

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

D - FORM CUM ROOM WISE STATEMENT

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

CENTRE: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708891						
2	0501708927						
3	0501806600						
4	0501806605						
5	0501806607						
6	0501806608						
7	0501806613						
8	0501806616						
9	0501806617						
10	0501806618						
11	0501806625						
12	0501806626						

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: 050 Govt. Degree College, Huzurabad

DAY OF THE EXAM : 7 SCORE: 415 SUBJECT :Computer Applications

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806555						
2	0501806606						
3	0501806630						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501806640						

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: 050 Govt. Degree College, Huzurabad

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	0501806610						
2	0501806612						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708876						
2	0501708933						
3	0501806570						

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: 050 Govt. Degree College, Huzurabad

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0501708873						
2	0501806585						
3	0501806596						
4	0501806599						
5	0501806602						
6	0501806603						
7	0501806635						

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: 050 Govt. Degree College, Huzurabad

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	0501806552						
2	0501806553						
3	0501806554						
4	0501806556						
5	0501806557						
6	0501806558						
7	0501806560						
8	0501806565						
9	0501806567						
10	0501806568						
11	0501806572						
12	0501806573						
13	0501806580						
14	0501806589						
15	0501806594						
16	0501806609						
17	0501806614						
18	0501806622						

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