

**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:** 059 Jawahar Bharathi College, Kavali

**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	0591782665						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591782607			20	0591862430		
2	0591782710			21	0591862431		
3	0591782712			22	0591862434		
4	0591782730			23	0591862444		
5	0591782732			24	0591862446		
6	0591782737			25	0591862449		
7	0591862352			26	0591862457		
8	0591862361			27	0591862460		
9	0591862377			28	0591862463		
10	0591862378			29	0591862467		
11	0591862381			30	0591862469		
12	0591862390			31	0591862484		
13	0591862391						
14	0591862397						
15	0591862399						
16	0591862407						
17	0591862416						
18	0591862419						
19	0591862420						

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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**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591782650						
2	0591782651						
3	0591782707						
4	0591862359						
5	0591862368						
6	0591862382						
7	0591862383						
8	0591862385						
9	0591862389						
10	0591862406						
11	0591862487						

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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**D - FORM CUM ROOM WISE STATEMENT**

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591862483						

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:** 059 Jawahar Bharathi College, Kavali

**DAY OF THE EXAM :** 1 **SCODE:** 4051401 **SUBJECT :**CHEMISTRY (SEEC-1)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591782749						
2	0591862414						
3	0591862415						

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591862470						
2	0591862474						

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591862364						
2	0591862409						
3	0591862424						
4	0591862436						
5	0591862437						
6	0591862445						
7	0591862447						
8	0591862459						
9	0591862462						
10	0591862478						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591862392						
2	0591862408						
3	0591862452						
4	0591862472						
5	0591862476						
6	0591862477						

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**DAY OF THE EXAM :** 1 **SCORE:** 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	0591782723						
2	0591862360						
3	0591862393						
4	0591862396						
5	0591862401						
6	0591862411						
7	0591862442						
8	0591862456						
9	0591862465						
10	0591862480						
11	0591862482						

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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**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591862370						
2	0591862404						

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**

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

**CENTRE: 059 Jawahar Bharathi College, Kavali**

**DAY OF THE EXAM : 2      SCORE: 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	0591782607			20	0591862434		
2	0591782710			21	0591862444		
3	0591782732			22	0591862446		
4	0591782737			23	0591862449		
5	0591862352			24	0591862457		
6	0591862361			25	0591862460		
7	0591862377			26	0591862463		
8	0591862378			27	0591862467		
9	0591862381			28	0591862469		
10	0591862390			29	0591862484		
11	0591862391						
12	0591862397						
13	0591862399						
14	0591862407						
15	0591862416						
16	0591862419						
17	0591862420						
18	0591862430						
19	0591862431						

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591782650						
2	0591782707						
3	0591862359						
4	0591862368						
5	0591862382						
6	0591862383						
7	0591862385						
8	0591862389						
9	0591862406						
10	0591862487						

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: 059 Jawahar Bharathi College, Kavali**

**DAY OF THE EXAM : 2      SCORE: 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	0591862483						

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: 059 Jawahar Bharathi College, Kavali**

**DAY OF THE EXAM : 2      SCORE: 4051402      SUBJECT :CHEMISTRY (SEEC-2)**

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862414						
2	0591862415						

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
in this Sheet

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Total No.of Present :  
in this Sheet

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**Note :** Please write **Absent** or **Mal Practice**  
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**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591782751						
2	0591862470						
3	0591862474						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591782643						
2	0591782645						
3	0591782719						
4	0591782729						
5	0591862364						
6	0591862409						
7	0591862424						
8	0591862436						
9	0591862437						
10	0591862445						
11	0591862447						
12	0591862459						
13	0591862462						
14	0591862478						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591782660						
2	0591862392						
3	0591862408						
4	0591862452						
5	0591862472						
6	0591862476						
7	0591862477						

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:** 059 Jawahar Bharathi College, Kavali

**DAY OF THE EXAM :** 2 **SCORE:** 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	0591782605						
2	0591782652						
3	0591782653						
4	0591782667						
5	0591782723						
6	0591862360						
7	0591862393						
8	0591862396						
9	0591862401						
10	0591862411						
11	0591862442						
12	0591862456						
13	0591862465						
14	0591862480						
15	0591862482						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591782677						
2	0591782722						
3	0591862370						
4	0591862404						

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

**CENTRE: 059 Jawahar Bharathi College, Kavali**

**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	0591782649			20	0591862383		
2	0591782707			21	0591862385		
3	0591782710			22	0591862389		
4	0591782712			23	0591862390		
5	0591782722			24	0591862391		
6	0591782723			25	0591862392		
7	0591782732			26	0591862393		
8	0591782737			27	0591862396		
9	0591862352			28	0591862397		
10	0591862359			29	0591862399		
11	0591862360			30	0591862401		
12	0591862361			31	0591862404		
13	0591862364			32	0591862406		
14	0591862368			33	0591862407		
15	0591862370			34	0591862408		
16	0591862377			35	0591862409		
17	0591862378			36	0591862411		
18	0591862381			37	0591862414		
19	0591862382			38	0591862415		

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: 059 Jawahar Bharathi College, Kavali**

**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.
39	0591862416			58	0591862460		
40	0591862419			59	0591862462		
41	0591862420			60	0591862463		
42	0591862424			61	0591862465		
43	0591862430			62	0591862467		
44	0591862431			63	0591862469		
45	0591862434			64	0591862470		
46	0591862436			65	0591862472		
47	0591862437			66	0591862474		
48	0591862442			67	0591862476		
49	0591862444			68	0591862477		
50	0591862445			69	0591862478		
51	0591862446			70	0591862480		
52	0591862447			71	0591862482		
53	0591862449			72	0591862483		
54	0591862452			73	0591862484		
55	0591862456			74	0591862487		
56	0591862457						
57	0591862459						

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

**CENTRE:** 059 Jawahar Bharathi College, Kavali

**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	0591782607			20	0591862399		
2	0591782710			21	0591862401		
3	0591782723			22	0591862406		
4	0591782732			23	0591862407		
5	0591782737			24	0591862408		
6	0591862352			25	0591862411		
7	0591862360			26	0591862416		
8	0591862361			27	0591862420		
9	0591862364			28	0591862424		
10	0591862370			29	0591862430		
11	0591862377			30	0591862431		
12	0591862378			31	0591862434		
13	0591862381			32	0591862436		
14	0591862390			33	0591862437		
15	0591862391			34	0591862442		
16	0591862392			35	0591862444		
17	0591862393			36	0591862445		
18	0591862396			37	0591862446		
19	0591862397			38	0591862449		

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: 059 Jawahar Bharathi College, Kavali**

**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.
39	0591862452						
40	0591862456						
41	0591862457						
42	0591862460						
43	0591862462						
44	0591862463						
45	0591862465						
46	0591862467						
47	0591862469						
48	0591862470						
49	0591862472						
50	0591862474						
51	0591862476						
52	0591862477						
53	0591862478						
54	0591862482						
55	0591862484						

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

**CENTRE: 059 Jawahar Bharathi College, Kavali**

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591782707						
2	0591862359						
3	0591862368						
4	0591862382						
5	0591862383						
6	0591862385						
7	0591862389						
8	0591862404						
9	0591862409						
10	0591862414						
11	0591862415						
12	0591862419						
13	0591862447						
14	0591862459						
15	0591862480						
16	0591862483						
17	0591862487						

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: 059 Jawahar Bharathi College, Kavali**

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862459						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591782607			20	0591862416		
2	0591782661			21	0591862419		
3	0591782710			22	0591862420		
4	0591782723			23	0591862430		
5	0591782732			24	0591862431		
6	0591782737			25	0591862434		
7	0591862352			26	0591862444		
8	0591862360			27	0591862446		
9	0591862361			28	0591862449		
10	0591862377			29	0591862456		
11	0591862378			30	0591862457		
12	0591862381			31	0591862460		
13	0591862390			32	0591862463		
14	0591862391			33	0591862465		
15	0591862393			34	0591862467		
16	0591862397			35	0591862469		
17	0591862399			36	0591862477		
18	0591862407			37	0591862482		
19	0591862408			38	0591862484		

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: 059 Jawahar Bharathi College, Kavali**

**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	0591782707						
2	0591862359						
3	0591862368						
4	0591862382						
5	0591862383						
6	0591862385						
7	0591862389						
8	0591862406						
9	0591862483						
10	0591862487						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862414						
2	0591862415						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862470						

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: 059 Jawahar Bharathi College, Kavali**

**DAY OF THE EXAM : 5      SCORE: 417      SUBJECT :MATHEMATICS**

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862462						
2	0591862474						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591782643						
2	0591782645						
3	0591782649						
4	0591782729						
5	0591782735						
6	0591862364						
7	0591862409						
8	0591862424						
9	0591862436						
10	0591862437						
11	0591862445						
12	0591862447						
13	0591862452						
14	0591862472						
15	0591862478						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862392						
2	0591862401						
3	0591862442						
4	0591862476						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862370						
2	0591862396						
3	0591862404						
4	0591862411						
5	0591862480						

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: 059 Jawahar Bharathi College, Kavali**

**DAY OF THE EXAM : 6      SCORE: 411      SUBJECT :COMMERCE-11**

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591782650						
2	0591782707						
3	0591862359						
4	0591862368						
5	0591862382						
6	0591862383						
7	0591862385						
8	0591862389						
9	0591862406						
10	0591862483						
11	0591862487						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862414						
2	0591862415						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591862470						

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:** 059 Jawahar Bharathi College, Kavali

**DAY OF THE EXAM :** 6 **SCODE:** 420 **SUBJECT :**ECONOMICS

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591782702						
2	0591862407						
3	0591862459						
4	0591862462						
5	0591862474						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591782607			20	0591862393		
2	0591782643			21	0591862397		
3	0591782656			22	0591862399		
4	0591782661			23	0591862408		
5	0591782710			24	0591862409		
6	0591782723			25	0591862416		
7	0591782730			26	0591862419		
8	0591782732			27	0591862420		
9	0591782735			28	0591862424		
10	0591782737			29	0591862430		
11	0591862352			30	0591862431		
12	0591862360			31	0591862434		
13	0591862361			32	0591862436		
14	0591862364			33	0591862437		
15	0591862377			34	0591862444		
16	0591862378			35	0591862445		
17	0591862381			36	0591862446		
18	0591862390			37	0591862447		
19	0591862391			38	0591862449		

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: 059 Jawahar Bharathi College, Kavali**

**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.
39	0591862452						
40	0591862456						
41	0591862457						
42	0591862460						
43	0591862463						
44	0591862465						
45	0591862467						
46	0591862469						
47	0591862472						
48	0591862477						
49	0591862478						
50	0591862482						
51	0591862484						

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: 059 Jawahar Bharathi College, Kavali**

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862392						
2	0591862401						
3	0591862442						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591862370						
2	0591862396						
3	0591862404						
4	0591862411						
5	0591862476						
6	0591862480						

Total No.of Absentees :  
in this Sheet

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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: 059 Jawahar Bharathi College, Kavali**

**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	0591782707						
2	0591862359						
3	0591862368						
4	0591862382						
5	0591862383						
6	0591862385						
7	0591862389						
8	0591862406						
9	0591862483						
10	0591862487						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591862470						

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:** 059 Jawahar Bharathi College, Kavali

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862414						
2	0591862415						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591782702						
2	0591862407						
3	0591862459						
4	0591862462						
5	0591862474						

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: 059 Jawahar Bharathi College, Kavali**

**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	0591782607			20	0591862408		
2	0591782656			21	0591862409		
3	0591782710			22	0591862416		
4	0591782723			23	0591862419		
5	0591782732			24	0591862420		
6	0591782735			25	0591862424		
7	0591782737			26	0591862430		
8	0591862352			27	0591862431		
9	0591862360			28	0591862434		
10	0591862361			29	0591862436		
11	0591862364			30	0591862437		
12	0591862377			31	0591862444		
13	0591862378			32	0591862445		
14	0591862381			33	0591862446		
15	0591862390			34	0591862447		
16	0591862391			35	0591862449		
17	0591862393			36	0591862452		
18	0591862397			37	0591862456		
19	0591862399			38	0591862457		

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:** 059 Jawahar Bharathi College, Kavali

**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.
39	0591862460						
40	0591862463						
41	0591862465						
42	0591862467						
43	0591862469						
44	0591862472						
45	0591862477						
46	0591862478						
47	0591862482						
48	0591862484						

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:** 059 Jawahar Bharathi College, Kavali

**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	0591862392						
2	0591862442						

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:** 059 Jawahar Bharathi College, Kavali

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0591862370						
2	0591862396						
3	0591862401						
4	0591862404						
5	0591862411						
6	0591862476						
7	0591862480						

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