

**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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775036 |                       |       |      |         |                       |       |
| 2    | 0621856235 |                       |       |      |         |                       |       |
| 3    | 0621856297 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856254 |                       |       |      |         |                       |       |
| 2    | 0621856291 |                       |       |      |         |                       |       |

Total No.of Absentees :    
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Total No.of Mal Practice Cases :    
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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856223 |                       |       |      |         |                       |       |
| 2    | 0621856243 |                       |       |      |         |                       |       |
| 3    | 0621856298 |                       |       |      |         |                       |       |

Total No.of Absentees :  
in this Sheet

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Total No.of Mal Practice Cases :  
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Total No.of Present :  
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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 1 **SCODE:** 4051601 **SUBJECT :** GEOLOGY (SEEC-1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775009 |                       |       |      |         |                       |       |

Total No.of Absentees :   
in this Sheet

Total No.of Mal Practice Cases :   
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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775055 |                       |       |      |         |                       |       |
| 2    | 0621856249 |                       |       |      |         |                       |       |

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775063 |                       |       |      |         |                       |       |
| 2    | 0621856286 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856208 |                       |       |      |         |                       |       |
| 2    | 0621856227 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856214 |                       |       |      |         |                       |       |
| 2    | 0621856238 |                       |       |      |         |                       |       |
| 3    | 0621856239 |                       |       |      |         |                       |       |
| 4    | 0621856259 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856222 |                       |       |      |         |                       |       |
| 2    | 0621856225 |                       |       |      |         |                       |       |
| 3    | 0621856250 |                       |       |      |         |                       |       |
| 4    | 0621856292 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

(SEEC 1)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. |  | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|--|------|---------|-----------------------|-------|
| 1    | 0621856240 |                       |       |  |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775028 |                       |       |      |         |                       |       |
| 2    | 0621856218 |                       |       |      |         |                       |       |
| 3    | 0621856278 |                       |       |      |         |                       |       |
| 4    | 0621856294 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856202 |                       |       |      |         |                       |       |
| 2    | 0621856209 |                       |       |      |         |                       |       |
| 3    | 0621856211 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775040 |                       |       |      |         |                       |       |
| 2    | 0621856258 |                       |       |      |         |                       |       |
| 3    | 0621856277 |                       |       |      |         |                       |       |
| 4    | 0621856288 |                       |       |      |         |                       |       |
| 5    | 0621856293 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775036 |                       |       |      |         |                       |       |
| 2    | 0621856235 |                       |       |      |         |                       |       |
| 3    | 0621856297 |                       |       |      |         |                       |       |

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**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856254 |                       |       |      |         |                       |       |
| 2    | 0621856291 |                       |       |      |         |                       |       |

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856223 |                       |       |      |         |                       |       |
| 2    | 0621856243 |                       |       |      |         |                       |       |
| 3    | 0621856298 |                       |       |      |         |                       |       |

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**DAY OF THE EXAM :** 2 **SCODE:** 4051602 **SUBJECT :** GEOLOGY (SEEC-2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775009 |                       |       |      |         |                       |       |

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775055 |                       |       |      |         |                       |       |
| 2    | 0621775058 |                       |       |      |         |                       |       |
| 3    | 0621856249 |                       |       |      |         |                       |       |

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775063 |                       |       |      |         |                       |       |
| 2    | 0621856286 |                       |       |      |         |                       |       |

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856208 |                       |       |      |         |                       |       |
| 2    | 0621856227 |                       |       |      |         |                       |       |

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856214 |                       |       |      |         |                       |       |
| 2    | 0621856238 |                       |       |      |         |                       |       |
| 3    | 0621856239 |                       |       |      |         |                       |       |
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**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

Signature of the Invigilator

Signature of Chief Superintendent

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

**D - FORM CUM ROOM WISE STATEMENT**

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

**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856222 |                       |       |      |         |                       |       |
| 2    | 0621856225 |                       |       |      |         |                       |       |
| 3    | 0621856250 |                       |       |      |         |                       |       |
| 4    | 0621856292 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 2 **SCODE:** 4052202 **SUBJECT :**JOURNALISM :DIGITAL GOVERNANCE  
(SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856240 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 2 **SCODE:** 4052302 **SUBJECT :** POLITICAL SCIENCE: DIGITAL GOVERNANCE  
(SEEC 2)

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856218 |                       |       |      |         |                       |       |
| 2    | 0621856278 |                       |       |      |         |                       |       |
| 3    | 0621856294 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**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    | 0621856202 |                    |       |      |         |                    |       |
| 2    | 0621856209 |                    |       |      |         |                    |       |
| 3    | 0621856211 |                    |       |      |         |                    |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856258 |                       |       |      |         |                       |       |
| 2    | 0621856277 |                       |       |      |         |                       |       |
| 3    | 0621856288 |                       |       |      |         |                       |       |
| 4    | 0621856293 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|------------|-----------------------|-------|
| 1    | 0621775009 |                       |       | 20   | 0621856240 |                       |       |
| 2    | 0621775036 |                       |       | 21   | 0621856243 |                       |       |
| 3    | 0621775043 |                       |       | 22   | 0621856249 |                       |       |
| 4    | 0621775047 |                       |       | 23   | 0621856250 |                       |       |
| 5    | 0621775050 |                       |       | 24   | 0621856254 |                       |       |
| 6    | 0621775055 |                       |       | 25   | 0621856258 |                       |       |
| 7    | 0621856202 |                       |       | 26   | 0621856259 |                       |       |
| 8    | 0621856208 |                       |       | 27   | 0621856277 |                       |       |
| 9    | 0621856209 |                       |       | 28   | 0621856278 |                       |       |
| 10   | 0621856211 |                       |       | 29   | 0621856286 |                       |       |
| 11   | 0621856214 |                       |       | 30   | 0621856288 |                       |       |
| 12   | 0621856218 |                       |       | 31   | 0621856291 |                       |       |
| 13   | 0621856222 |                       |       | 32   | 0621856292 |                       |       |
| 14   | 0621856223 |                       |       | 33   | 0621856293 |                       |       |
| 15   | 0621856225 |                       |       | 34   | 0621856294 |                       |       |
| 16   | 0621856227 |                       |       | 35   | 0621856297 |                       |       |
| 17   | 0621856235 |                       |       | 36   | 0621856298 |                       |       |
| 18   | 0621856238 |                       |       |      |            |                       |       |
| 19   | 0621856239 |                       |       |      |            |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**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    | 0621775009 |                    |       | 20   | 0621856250 |                    |       |
| 2    | 0621775036 |                    |       | 21   | 0621856254 |                    |       |
| 3    | 0621775055 |                    |       | 22   | 0621856258 |                    |       |
| 4    | 0621775058 |                    |       | 23   | 0621856259 |                    |       |
| 5    | 0621856202 |                    |       | 24   | 0621856278 |                    |       |
| 6    | 0621856208 |                    |       | 25   | 0621856286 |                    |       |
| 7    | 0621856209 |                    |       | 26   | 0621856288 |                    |       |
| 8    | 0621856211 |                    |       | 27   | 0621856291 |                    |       |
| 9    | 0621856214 |                    |       | 28   | 0621856292 |                    |       |
| 10   | 0621856218 |                    |       | 29   | 0621856293 |                    |       |
| 11   | 0621856222 |                    |       | 30   | 0621856294 |                    |       |
| 12   | 0621856223 |                    |       | 31   | 0621856297 |                    |       |
| 13   | 0621856225 |                    |       | 32   | 0621856298 |                    |       |
| 14   | 0621856227 |                    |       |      |            |                    |       |
| 15   | 0621856235 |                    |       |      |            |                    |       |
| 16   | 0621856238 |                    |       |      |            |                    |       |
| 17   | 0621856240 |                    |       |      |            |                    |       |
| 18   | 0621856243 |                    |       |      |            |                    |       |
| 19   | 0621856249 |                    |       |      |            |                    |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856239 |                       |       |      |         |                       |       |
| 2    | 0621856277 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856277 |                       |       |      |         |                       |       |
| 2    | 0621856297 |                       |       |      |         |                       |       |

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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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: 062 P.R. Govt. Degree College, Kakinada.**

**DAY OF THE EXAM : 5**

**SCODE: 408**

**SUBJECT :TELUGU Literature**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775036 |                       |       |      |         |                       |       |
| 2    | 0621856222 |                       |       |      |         |                       |       |
| 3    | 0621856235 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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Total No.of Mal Practice Cases :  
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**Note : Please write Absent or Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**

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

**D - FORM CUM ROOM WISE STATEMENT**

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

**CENTRE: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775050 |                       |       |      |         |                       |       |
| 2    | 0621856238 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856208 |                       |       |      |         |                       |       |
| 2    | 0621856227 |                       |       |      |         |                       |       |
| 3    | 0621856254 |                       |       |      |         |                       |       |
| 4    | 0621856291 |                       |       |      |         |                       |       |
| 5    | 0621856298 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775009 |                       |       |      |         |                       |       |
| 2    | 0621775055 |                       |       |      |         |                       |       |
| 3    | 0621775058 |                       |       |      |         |                       |       |
| 4    | 0621775063 |                       |       |      |         |                       |       |
| 5    | 0621856223 |                       |       |      |         |                       |       |
| 6    | 0621856243 |                       |       |      |         |                       |       |
| 7    | 0621856249 |                       |       |      |         |                       |       |
| 8    | 0621856286 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856214 |                       |       |      |         |                       |       |
| 2    | 0621856218 |                       |       |      |         |                       |       |
| 3    | 0621856225 |                       |       |      |         |                       |       |
| 4    | 0621856239 |                       |       |      |         |                       |       |
| 5    | 0621856250 |                       |       |      |         |                       |       |
| 6    | 0621856259 |                       |       |      |         |                       |       |
| 7    | 0621856292 |                       |       |      |         |                       |       |
| 8    | 0621856294 |                       |       |      |         |                       |       |

Total No.of Absentees :    
in this Sheet

Total No.of Mal Practice Cases :    
in this Sheet

Total No.of Present :    
in this Sheet

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against hall ticket number if any

Signature of the Invigilator

Signature of Chief Superintendent

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

**D - FORM CUM ROOM WISE STATEMENT**

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

**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775008 |                       |       |      |         |                       |       |
| 2    | 0621775043 |                       |       |      |         |                       |       |
| 3    | 0621775047 |                       |       |      |         |                       |       |
| 4    | 0621775048 |                       |       |      |         |                       |       |
| 5    | 0621856202 |                       |       |      |         |                       |       |
| 6    | 0621856240 |                       |       |      |         |                       |       |
| 7    | 0621856258 |                       |       |      |         |                       |       |
| 8    | 0621856278 |                       |       |      |         |                       |       |

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

**CENTRE:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856209 |                       |       |      |         |                       |       |
| 2    | 0621856211 |                       |       |      |         |                       |       |
| 3    | 0621856288 |                       |       |      |         |                       |       |
| 4    | 0621856293 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 6

**SCODE:** 408

**SUBJECT :** TELUGU Literature

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856297 |                       |       |      |         |                       |       |

Total No.of Absentees :  
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**Note :** Please write **Absent** or **Mal Practice**  
against hall ticket number if any

**Signature of the Invigilator**

**Signature of Chief Superintendent**

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

**D - FORM CUM ROOM WISE STATEMENT**

**DATE OF EXAMINATION: 26-03-2021 NAME OF EXAMINATION: UG(CBCS) IV SEMESTER MARCH-2021**

**CENTRE: 062 P.R. Govt. Degree College, Kakinada.**

**DAY OF THE EXAM : 6      SCORE: 410      SUBJECT :COMMERCE-10**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856235 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775050 |                       |       |      |         |                       |       |
| 2    | 0621856238 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775074 |                       |       |      |         |                       |       |
| 2    | 0621856227 |                       |       |      |         |                       |       |
| 3    | 0621856254 |                       |       |      |         |                       |       |
| 4    | 0621856291 |                       |       |      |         |                       |       |
| 5    | 0621856298 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 6 **SCODE:** 415 **SUBJECT :**Computer Applications

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856243 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

**DAY OF THE EXAM : 6      SCORE: 416      SUBJECT :GEOLOGY**

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775009 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775055 |                       |       |      |         |                       |       |
| 2    | 0621775058 |                       |       |      |         |                       |       |
| 3    | 0621775063 |                       |       |      |         |                       |       |
| 4    | 0621856223 |                       |       |      |         |                       |       |
| 5    | 0621856249 |                       |       |      |         |                       |       |
| 6    | 0621856286 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856208 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856222 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775028 |                       |       |      |         |                       |       |
| 2    | 0621775036 |                       |       |      |         |                       |       |
| 3    | 0621775044 |                       |       |      |         |                       |       |
| 4    | 0621856214 |                       |       |      |         |                       |       |
| 5    | 0621856225 |                       |       |      |         |                       |       |
| 6    | 0621856239 |                       |       |      |         |                       |       |
| 7    | 0621856250 |                       |       |      |         |                       |       |
| 8    | 0621856259 |                       |       |      |         |                       |       |
| 9    | 0621856292 |                       |       |      |         |                       |       |
| 10   | 0621856294 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856240 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775008 |                       |       |      |         |                       |       |
| 2    | 0621775040 |                       |       |      |         |                       |       |
| 3    | 0621775043 |                       |       |      |         |                       |       |
| 4    | 0621775047 |                       |       |      |         |                       |       |
| 5    | 0621856218 |                       |       |      |         |                       |       |
| 6    | 0621856258 |                       |       |      |         |                       |       |
| 7    | 0621856278 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 6 **SCODE:** 425 **SUBJECT :** PUBLIC ADMINISTRATION

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856202 |                       |       |      |         |                       |       |
| 2    | 0621856209 |                       |       |      |         |                       |       |
| 3    | 0621856211 |                       |       |      |         |                       |       |
| 4    | 0621856277 |                       |       |      |         |                       |       |
| 5    | 0621856288 |                       |       |      |         |                       |       |
| 6    | 0621856293 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 7 **SCODE:** 411 **SUBJECT :**COMMERCE-11

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856235 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

**DAY OF THE EXAM :** 7 **SCODE:** 417 **SUBJECT :**MATHEMATICS

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856243 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775009 |                       |       |      |         |                       |       |
| 2    | 0621775055 |                       |       |      |         |                       |       |
| 3    | 0621775058 |                       |       |      |         |                       |       |
| 4    | 0621775063 |                       |       |      |         |                       |       |
| 5    | 0621856223 |                       |       |      |         |                       |       |
| 6    | 0621856249 |                       |       |      |         |                       |       |
| 7    | 0621856286 |                       |       |      |         |                       |       |
| 8    | 0621856291 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775074 |                       |       |      |         |                       |       |
| 2    | 0621856208 |                       |       |      |         |                       |       |
| 3    | 0621856227 |                       |       |      |         |                       |       |
| 4    | 0621856254 |                       |       |      |         |                       |       |
| 5    | 0621856298 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856238 |                       |       |      |         |                       |       |

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: 062 P.R. Govt. Degree College, Kakinada.**

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856222 |                       |       |      |         |                       |       |
| 2    | 0621856297 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621856214 |                       |       |      |         |                       |       |
| 2    | 0621856240 |                       |       |      |         |                       |       |
| 3    | 0621856250 |                       |       |      |         |                       |       |
| 4    | 0621856259 |                       |       |      |         |                       |       |
| 5    | 0621856292 |                       |       |      |         |                       |       |
| 6    | 0621856294 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775036 |                       |       |      |         |                       |       |
| 2    | 0621856218 |                       |       |      |         |                       |       |
| 3    | 0621856225 |                       |       |      |         |                       |       |
| 4    | 0621856239 |                       |       |      |         |                       |       |

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:** 062 P.R. Govt. Degree College, Kakinada.

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

| S.NO | H.T.NO.    | ANSWER<br>BOOKLET NO. | SIGN. | S.NO | H.T.NO. | ANSWER<br>BOOKLET NO. | SIGN. |
|------|------------|-----------------------|-------|------|---------|-----------------------|-------|
| 1    | 0621775048 |                       |       |      |         |                       |       |
| 2    | 0621856202 |                       |       |      |         |                       |       |
| 3    | 0621856209 |                       |       |      |         |                       |       |
| 4    | 0621856211 |                       |       |      |         |                       |       |
| 5    | 0621856258 |                       |       |      |         |                       |       |
| 6    | 0621856277 |                       |       |      |         |                       |       |
| 7    | 0621856278 |                       |       |      |         |                       |       |
| 8    | 0621856288 |                       |       |      |         |                       |       |
| 9    | 0621856293 |                       |       |      |         |                       |       |

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