

**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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780453						
2	0721860496						
3	0721860522						
4	0721860524						
5	0721860554						
6	0721860563						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860463						
2	0721860530						
3	0721860551						
4	0721860552						
5	0721860580						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 1 **SCODE:** 4050901 **SUBJECT :**Urdu Literature (SEEC-1)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860593						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860462						
2	0721860471						
3	0721860485						
4	0721860486						
5	0721860487						
6	0721860488						
7	0721860506						
8	0721860545						
9	0721860587						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860566						
2	0721860592						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860579						
2	0721860613						
3	0721860620						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860562						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780441						
2	0721860553						
3	0721860582						
4	0721860603						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860515						
2	0721860517						
3	0721860518						
4	0721860519						
5	0721860520						
6	0721860526						
7	0721860578						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860456						
2	0721860523						
3	0721860528						
4	0721860614						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860452						
2	0721860461						
3	0721860464						
4	0721860467						
5	0721860478						
6	0721860480						
7	0721860482						
8	0721860529						
9	0721860538						
10	0721860542						
11	0721860547						
12	0721860560						
13	0721860617						
14	0721860618						
15	0721860619						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780438			20	0721860599		
2	0721780444			21	0721860607		
3	0721860466			22	0721860608		
4	0721860475			23	0721860609		
5	0721860489			24	0721860616		
6	0721860495						
7	0721860500						
8	0721860504						
9	0721860525						
10	0721860533						
11	0721860534						
12	0721860539						
13	0721860540						
14	0721860543						
15	0721860544						
16	0721860558						
17	0721860559						
18	0721860581						
19	0721860594						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860583						
2	0721860589						
3	0721860591						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780325			20	0721860584		
2	0721780371			21	0721860590		
3	0721780425			22	0721860596		
4	0721860454						
5	0721860465						
6	0721860470						
7	0721860479						
8	0721860481						
9	0721860493						
10	0721860497						
11	0721860498						
12	0721860501						
13	0721860502						
14	0721860503						
15	0721860536						
16	0721860546						
17	0721860555						
18	0721860557						
19	0721860569						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780453						
2	0721860496						
3	0721860522						
4	0721860524						
5	0721860554						
6	0721860563						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780439						
2	0721860463						
3	0721860530						
4	0721860551						
5	0721860552						
6	0721860580						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 2 **SCODE:** 4050902 **SUBJECT :**Urdu Literature (SEEC-2)

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860593						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780328						
2	0721860462						
3	0721860471						
4	0721860485						
5	0721860486						
6	0721860487						
7	0721860488						
8	0721860506						
9	0721860545						
10	0721860587						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860566						
2	0721860592						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860579						
2	0721860613						
3	0721860620						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860562						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780441						
2	0721860553						
3	0721860582						
4	0721860603						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860515						
2	0721860517						
3	0721860518						
4	0721860519						
5	0721860520						
6	0721860526						
7	0721860578						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860456						
2	0721860523						
3	0721860528						
4	0721860614						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860452						
2	0721860461						
3	0721860464						
4	0721860467						
5	0721860478						
6	0721860480						
7	0721860482						
8	0721860529						
9	0721860538						
10	0721860542						
11	0721860547						
12	0721860560						
13	0721860617						
14	0721860618						
15	0721860619						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780314			20	0721860594		
2	0721780438			21	0721860599		
3	0721780444			22	0721860607		
4	0721860466			23	0721860608		
5	0721860475			24	0721860609		
6	0721860489			25	0721860616		
7	0721860495						
8	0721860500						
9	0721860504						
10	0721860525						
11	0721860533						
12	0721860534						
13	0721860539						
14	0721860540						
15	0721860543						
16	0721860544						
17	0721860558						
18	0721860559						
19	0721860581						

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

**CENTRE:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860583						
2	0721860589						
3	0721860591						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780325			20	0721860584		
2	0721780371			21	0721860590		
3	0721780425			22	0721860596		
4	0721860454						
5	0721860465						
6	0721860470						
7	0721860479						
8	0721860481						
9	0721860493						
10	0721860497						
11	0721860498						
12	0721860501						
13	0721860502						
14	0721860503						
15	0721860536						
16	0721860546						
17	0721860555						
18	0721860557						
19	0721860569						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780325			20	0721860471		
2	0721780371			21	0721860475		
3	0721780425			22	0721860478		
4	0721780438			23	0721860479		
5	0721780439			24	0721860480		
6	0721780441			25	0721860481		
7	0721780444			26	0721860482		
8	0721780453			27	0721860485		
9	0721860452			28	0721860486		
10	0721860454			29	0721860487		
11	0721860456			30	0721860488		
12	0721860461			31	0721860489		
13	0721860462			32	0721860493		
14	0721860463			33	0721860495		
15	0721860464			34	0721860496		
16	0721860465			35	0721860497		
17	0721860466			36	0721860498		
18	0721860467			37	0721860500		
19	0721860470			38	0721860501		

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860502			58	0721860536		
40	0721860503			59	0721860538		
41	0721860504			60	0721860539		
42	0721860506			61	0721860540		
43	0721860515			62	0721860542		
44	0721860517			63	0721860543		
45	0721860518			64	0721860544		
46	0721860519			65	0721860545		
47	0721860520			66	0721860546		
48	0721860522			67	0721860547		
49	0721860523			68	0721860551		
50	0721860524			69	0721860552		
51	0721860525			70	0721860553		
52	0721860526			71	0721860554		
53	0721860528			72	0721860555		
54	0721860529			73	0721860557		
55	0721860530			74	0721860558		
56	0721860533			75	0721860559		
57	0721860534			76	0721860560		

Total No.of Absentees :

Total No.of Mal Practice Cases :

Total No.of Present :

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

Signature of the Invigilator

Signature of Chief Superintendent

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

**D - FORM CUM ROOM WISE STATEMENT**

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

**CENTRE:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
77	0721860562			96	0721860599		
78	0721860563			97	0721860603		
79	0721860566			98	0721860607		
80	0721860569			99	0721860608		
81	0721860578			100	0721860609		
82	0721860579			101	0721860613		
83	0721860580			102	0721860614		
84	0721860581			103	0721860616		
85	0721860582			104	0721860617		
86	0721860583			105	0721860618		
87	0721860584			106	0721860619		
88	0721860587			107	0721860620		
89	0721860589						
90	0721860590						
91	0721860591						
92	0721860592						
93	0721860593						
94	0721860594						
95	0721860596						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780325			20	0721860478		
2	0721780371			21	0721860479		
3	0721780438			22	0721860480		
4	0721780439			23	0721860481		
5	0721780441			24	0721860482		
6	0721780444			25	0721860485		
7	0721860452			26	0721860486		
8	0721860454			27	0721860487		
9	0721860456			28	0721860488		
10	0721860461			29	0721860489		
11	0721860462			30	0721860493		
12	0721860463			31	0721860495		
13	0721860464			32	0721860496		
14	0721860465			33	0721860497		
15	0721860466			34	0721860498		
16	0721860467			35	0721860500		
17	0721860470			36	0721860501		
18	0721860471			37	0721860502		
19	0721860475			38	0721860503		

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860504			58	0721860544		
40	0721860506			59	0721860545		
41	0721860517			60	0721860546		
42	0721860520			61	0721860547		
43	0721860522			62	0721860551		
44	0721860523			63	0721860552		
45	0721860525			64	0721860553		
46	0721860526			65	0721860555		
47	0721860528			66	0721860557		
48	0721860529			67	0721860558		
49	0721860530			68	0721860559		
50	0721860533			69	0721860560		
51	0721860534			70	0721860562		
52	0721860536			71	0721860566		
53	0721860538			72	0721860569		
54	0721860539			73	0721860578		
55	0721860540			74	0721860579		
56	0721860542			75	0721860580		
57	0721860543			76	0721860582		

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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.
77	0721860583			96	0721860620		
78	0721860584						
79	0721860587						
80	0721860589						
81	0721860590						
82	0721860592						
83	0721860594						
84	0721860596						
85	0721860599						
86	0721860603						
87	0721860607						
88	0721860608						
89	0721860609						
90	0721860613						
91	0721860614						
92	0721860616						
93	0721860617						
94	0721860618						
95	0721860619						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 4 **SCODE:** 4043 **SUBJECT :** MIL-Urdu

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860524						
2	0721860554						
3	0721860593						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780425						
2	0721780453						
3	0721860515						
4	0721860518						
5	0721860519						
6	0721860563						
7	0721860581						
8	0721860591						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780349						
2	0721780438						
3	0721780453						
4	0721860496						
5	0721860522						
6	0721860524						
7	0721860554						
8	0721860563						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780439						
2	0721860452						
3	0721860463						
4	0721860482						
5	0721860530						
6	0721860551						
7	0721860552						
8	0721860569						
9	0721860580						
10	0721860608						
11	0721860609						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 5 **SCODE:** 409 **SUBJECT :**Urdu Literature

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860593						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860456						
2	0721860462						
3	0721860471						
4	0721860485						
5	0721860486						
6	0721860487						
7	0721860488						
8	0721860493						
9	0721860506						
10	0721860545						
11	0721860587						
12	0721860594						
13	0721860614						

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: 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.**

**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	0721860515						
2	0721860517						
3	0721860518						
4	0721860519						
5	0721860520						
6	0721860526						
7	0721860566						
8	0721860578						
9	0721860579						
10	0721860592						
11	0721860620						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860562						
2	0721860613						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 5 **SCODE:** 416 **SUBJECT :** GEOLOGY

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860591						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780441						
2	0721860553						
3	0721860582						
4	0721860603						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780444			20	0721860618		
2	0721860461						
3	0721860464						
4	0721860466						
5	0721860467						
6	0721860475						
7	0721860495						
8	0721860497						
9	0721860501						
10	0721860502						
11	0721860523						
12	0721860528						
13	0721860558						
14	0721860559						
15	0721860560						
16	0721860583						
17	0721860584						
18	0721860607						
19	0721860617						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860465			20	0721860590		
2	0721860470			21	0721860596		
3	0721860478			22	0721860616		
4	0721860479			23	0721860619		
5	0721860480						
6	0721860481						
7	0721860498						
8	0721860500						
9	0721860529						
10	0721860536						
11	0721860538						
12	0721860540						
13	0721860542						
14	0721860543						
15	0721860544						
16	0721860546						
17	0721860547						
18	0721860555						
19	0721860581						

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: 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.**

**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	0721780325						
2	0721780371						
3	0721780425						
4	0721860454						
5	0721860489						
6	0721860503						
7	0721860504						
8	0721860525						
9	0721860533						
10	0721860534						
11	0721860539						
12	0721860557						
13	0721860589						
14	0721860599						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860456						
2	0721860462						
3	0721860471						
4	0721860485						
5	0721860486						
6	0721860487						
7	0721860488						
8	0721860493						
9	0721860506						
10	0721860545						
11	0721860587						
12	0721860614						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**DAY OF THE EXAM :** 6 **SCODE:** 412 **SUBJECT :**COMMERCE-12

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780321						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860515						
2	0721860517						
3	0721860518						
4	0721860519						
5	0721860520						
6	0721860526						
7	0721860566						
8	0721860578						
9	0721860579						
10	0721860592						
11	0721860620						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860562						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860613						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860553						

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: 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.**

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780453						
2	0721860463						
3	0721860554						
4	0721860563						
5	0721860594						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780441			20	0721860583		
2	0721780444			21	0721860584		
3	0721860452			22	0721860593		
4	0721860461			23	0721860607		
5	0721860464			24	0721860608		
6	0721860466			25	0721860609		
7	0721860467			26	0721860617		
8	0721860475			27	0721860618		
9	0721860482						
10	0721860496						
11	0721860522						
12	0721860523						
13	0721860524						
14	0721860528						
15	0721860551						
16	0721860552						
17	0721860559						
18	0721860560						
19	0721860582						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780330			20	0721860540		
2	0721780438			21	0721860542		
3	0721780439			22	0721860543		
4	0721860465			23	0721860544		
5	0721860470			24	0721860546		
6	0721860478			25	0721860547		
7	0721860479			26	0721860555		
8	0721860480			27	0721860558		
9	0721860481			28	0721860569		
10	0721860495			29	0721860580		
11	0721860497			30	0721860581		
12	0721860498			31	0721860590		
13	0721860500			32	0721860596		
14	0721860501			33	0721860603		
15	0721860502			34	0721860616		
16	0721860529			35	0721860619		
17	0721860530						
18	0721860536						
19	0721860538						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780325						
2	0721780371						
3	0721780417						
4	0721780425						
5	0721860454						
6	0721860489						
7	0721860503						
8	0721860504						
9	0721860525						
10	0721860533						
11	0721860534						
12	0721860539						
13	0721860557						
14	0721860589						
15	0721860591						
16	0721860599						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860471						
2	0721860485						
3	0721860486						
4	0721860487						
5	0721860488						
6	0721860506						
7	0721860545						
8	0721860587						

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: 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.**

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860562						
2	0721860613						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860515						
2	0721860517						
3	0721860518						
4	0721860519						
5	0721860520						
6	0721860526						
7	0721860566						
8	0721860578						
9	0721860579						
10	0721860592						
11	0721860620						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721860456						
2	0721860462						
3	0721860614						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721860463						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780441			20	0721860593		
2	0721780444			21	0721860594		
3	0721780453			22	0721860607		
4	0721860461			23	0721860608		
5	0721860464			24	0721860609		
6	0721860466			25	0721860617		
7	0721860467			26	0721860618		
8	0721860475						
9	0721860482						
10	0721860522						
11	0721860523						
12	0721860524						
13	0721860528						
14	0721860551						
15	0721860552						
16	0721860553						
17	0721860554						
18	0721860559						
19	0721860560						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

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

S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.	S.NO	H.T.NO.	ANSWER BOOKLET NO.	SIGN.
1	0721780314						
2	0721780321						
3	0721780435						
4	0721780438						
5	0721860529						
6	0721860530						
7	0721860538						
8	0721860540						
9	0721860542						
10	0721860547						
11	0721860558						
12	0721860563						
13	0721860580						
14	0721860581						
15	0721860583						
16	0721860616						
17	0721860619						

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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	0721780310			20	0721860501		
2	0721780325			21	0721860502		
3	0721780371			22	0721860503		
4	0721780425			23	0721860504		
5	0721860452			24	0721860525		
6	0721860454			25	0721860533		
7	0721860465			26	0721860534		
8	0721860470			27	0721860536		
9	0721860478			28	0721860539		
10	0721860479			29	0721860543		
11	0721860480			30	0721860544		
12	0721860481			31	0721860546		
13	0721860489			32	0721860555		
14	0721860493			33	0721860557		
15	0721860495			34	0721860569		
16	0721860496			35	0721860582		
17	0721860497			36	0721860584		
18	0721860498			37	0721860589		
19	0721860500			38	0721860590		

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:** 072 D.R.N & S.C.V.S Degree College, Chilakluripeta, Guntur.

**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.
39	0721860591						
40	0721860596						
41	0721860599						
42	0721860603						

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**