Ref.: KKHSOU/COE/General/Exam/18

Name of the Centre:

Name of the Zonal Officer/Principal:

Contact Number and E-mail:
Name of the Coordinator:

qualification and experience.

Date: 18/12/2017

To expedite the Answer Scripts evaluation work of various examinations of KKHSOU, the University has constituted evaluation Zones. Therefore, all interested Center-in-Charge/ Coordinators are requested to submit the filled in attached format for Evaluation Zones of Examinations for the year 2018. Kindly submit the filled in format to controller@kkhsou.in and cc to km@kkhsou.in

NOTIFICATION

Format for Evaluation Zone

Contact Number and E-mail:			
Facility/ Experiences	Yes	No	Remarks
Experience if any			
Communication			
by Car/Train			
Number of Colleges in the radius of			
10 km			
Infrastructure			
Room/ light/ fan/ internet facility			
Facility of drinking water/ Tea and			
Snakes / urinal etc.			
Any other			
Specific comment regarding facility			
for computerized entry of evaluated			
marks against preloaded Enrollment			
Numbers			

Note: Kindly provide the list of Examiners with Contact numbers, E mail id and their