



INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
MAIDAN GARHI, NEW DELHI – 110068



**BILL FOR EVALUATION OF BCA PROJECT PROPOSALS**

**REGIONAL CENTRE: IGNOU RC JAIPUR**

1. Name of Evaluator (In Block Letters) .....
2. Designation :.....
3. Residential Address :.....  
.....
4. Ofical Address :.....  
.....

S.No.	Lot No.	Date of Evaluation of BCA Project Proposals	Project Proposal Nos. Form..... To.....	Total No. of Project Proposals Evaluated	Amount @ Rs. 15/- per proposal

Certified that I have evaluated the above mentined BCA Project Proposals.

Date:.....

Station.....

Affix
Revenue
Stamn

(For the amount Rs. 5000/-or above)

Signature of Evaluator .....

Certified that the above BCA Project Proposal Evaluator was approved and recommended by the School or Computer and information Sciences and the claim above may be admitted.

**Dy. Registrar/Asst. Registrar**

**Section Officer**

**Dealing Asst.**

**Regional Director**