



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**REGIONAL CENTRE, NCT OF DELHI-3**  
 F-634-636 Palam Extension Ram Phal Chowk (Dwarka) New Delhi-110077  
 Phone No-25088939 & 25088944 Email: rcdelhi3@ignou.ac.in

**Award List of Term-end Practical Examination**

Name of the Programme : PGDHHM Course Code : \_\_\_\_\_  
 Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_  
 Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained				Total Marks M.M (350)	Remarks Pass/Fail
			Internal Assessment M.M (45)	Term-end Practical M.M (105)	Project M.M (50)	Viva-Voce M.M (150)		

Name of the Internal Examiner..... Signature with date \_\_\_\_\_  
 Name of the External Examiner ..... Signature with date \_\_\_\_\_  
 Name of the External Examiner ..... Signature with date \_\_\_\_\_

Signature of Programme In-charge  
 Date \_\_\_\_\_ With Official Seal

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and second copy must be preserved at the study Centre.



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**Award List of Term-end Practical Examination**

Name of the Programme : PGDGM Course Code : \_\_\_\_\_

Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_

Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained		Total Marks M.M (100)	Remarks Pass/Fail
			Internal Assessment M.M (30)	Term-end Practical M.M (70)		

- Once has to secure a minimum of 50% in internal component (15 marks) and Term-end component (35 marks) separately. This will include that marks given by both Community Medicine and Orthopedics Departments.

Name of the Internal Examiner (Community Medicine) \_\_\_\_\_

Name of the External Examiner (Community Medicine ) \_\_\_\_\_

Name of the External Examiner (Orthopedics) \_\_\_\_\_

Name of the External Examiner (Orthopedics) \_\_\_\_\_

Signature of Programme In-charge

Date \_\_\_\_\_ With Official Seal

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned

Regional Centre and second copy must be preserved at the study Centre.



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**Award List of Term-end Practical Examination**

Name of the Programme : PGDMCH Course Code : \_\_\_\_\_

Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_

Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained		Total Marks M.M (100)	Remarks Pass/Fail
			Internal Assessment M.M (30)	Term-end Practical M.M (70)		

Signature with date \_\_\_\_\_ Signature with date \_\_\_\_\_

Name of the \_\_\_\_\_ Name of the \_\_\_\_\_

Internal Examiner \_\_\_\_\_ Internal Examiner \_\_\_\_\_

Signature of Programme In-charge

Date \_\_\_\_\_ With Official Seal

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Regional Centre and second copy must be preserved at the study Centre.



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**Award List of Term-end Practical Examination**

Name of the Programme : B.Sc (N) Course Code : HSIP2/BNSL-102  
 Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_  
 Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No.	Enrolment Number	Name of Student	Chemistry/ Bio- Chemistry		Physics/ Bio-Physics		Micro Biology		Nutritional Dietetics		Total
			Expt. MM13	Viva MM12	Expt. MM13	Viva MM12	Expt. MM13	Viva MM12	Expt. MM13	Viva MM12	

Signature \_\_\_\_\_  
 Name of the \_\_\_\_\_  
 Programme in-Charge \_\_\_\_\_  
 Programme Study Centre \_\_\_\_\_  
 With Official Seal \_\_\_\_\_  
 Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Name & Address \_\_\_\_\_  
 of the Evaluator \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_

**N.B. THIS AWARD SHEET IS FOR THE COURSE HSIP2/BNSL-102 ONLY**

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and Second Copy must be preserved at the Study Centre.

Separate award list for HIS & BNSL-102 Should be prepared.



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**Award List of Term-end Practical Examination**

**Name of the Programme** : PGDCC **Course Code** : \_\_\_\_\_  
**Name of the study centre** : \_\_\_\_\_ **Month & Year** : \_\_\_\_\_  
**Study Centre Code** : \_\_\_\_\_ **Maximum Marks** : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained		Total Marks M.M (120)	Remarks Pass/Fail
			Internal Assessment M.M (60)	Term-end Practical M.M ( 60)		

Marks of the Continuous / Internal Assessment Will be taken from previous records. Passing in Internal Assessment of all the Theory and Practical courses is a prerequisite for appearing in the Term-End Practical Examination. One has to secure a minimum of 50% in Internal Examination (30 Marks) as well as Term-End Examination (30 Marks ) Separately to pass the Practical Examination.

**Signature with date** \_\_\_\_\_ **Signature with date** \_\_\_\_\_

**Name of the** \_\_\_\_\_ **Name of the** \_\_\_\_\_

**Internal Examiner** \_\_\_\_\_ **Internal Examiner** \_\_\_\_\_

**Signature of Programme In-charge**  
**Date** \_\_\_\_\_ **With Official Seal**

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and second copy must be preserved at the study Centre.



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**AWARD LIST FOR PRACTICAL ACTIVITIES/EXPERIMENTS AND VIVA-VOCE**

Name of the Programme : B.Sc (N) Course Code : \_\_\_\_\_

Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_

Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Self Activities M.M 25	Supervised Activities M.M 25	Final Day Viva-Voce M.M 50	Total 100

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name & Address \_\_\_\_\_

Name of the \_\_\_\_\_

of the Evaluator \_\_\_\_\_

Programme in-Charge \_\_\_\_\_

\_\_\_\_\_

Programme Study Centre \_\_\_\_\_

\_\_\_\_\_

With Official Seal \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and Second Copy must be preserved at the Study Centre.

Separate award list for old syllabus (HS series) and new syllabus (BNS series ) should be prepared for each course.



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**AWARD LIST FOR PRACTICAL EXAMINATION**

**Name of the Programme** : B.Sc. **Course Code** : \_\_\_\_\_  
**Name of the study centre** : \_\_\_\_\_ **Month & Year** : \_\_\_\_\_  
**Study Centre Code** : \_\_\_\_\_ **Maximum Marks** : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained		Total Marks (Out of 100)
			Guided Part (Out of 70)	Unguided Part (Out of 30)	

**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Name of the** \_\_\_\_\_ **Name & Address** \_\_\_\_\_  
**Programme in-Charge** \_\_\_\_\_ **of the Evaluator** \_\_\_\_\_  
**Programme Study Centre** \_\_\_\_\_  
**With Official Seal** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Date** \_\_\_\_\_

- This is collective statement for all students.
- The valuation sheets for guided experiments and for assigned unguided experiments must be handed over to the.

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**AWARD LIST FOR PRACTICAL EXAMINATION**

Name of the Programme : MCA Course Code : \_\_\_\_\_

Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_

Study Centre Code : \_\_\_\_\_ Maximum Marks : As mentioned in the table given below.

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Marks Obtained in Section*			
			1	2	3	4
1						
2						
3						
4						
5						
6						
7						
8						

Certified that all the above student have more than 70% attendance.

Signature \_\_\_\_\_

Name of Coordinator \_\_\_\_\_

Programme Study Centre \_\_\_\_\_

Date & Centre Stamp \_\_\_\_\_

Signature with date \_\_\_\_\_

Name of the Examiner \_\_\_\_\_

Date \_\_\_\_\_

**N.B**

1. Minimum 50% marks are required in each section for successfully completing the practical course.
2. In Practical course , total number of sections prescribed & maximum marks or each section are as under:

Course Code	Total Number of Section (s)	Maximum Marks
MCSL-016	01	50
MCSL-017	02	25 Each Section
MCSL-025	04	25 Each Section
MCSL-036	03	30 Marks each in section 1 & 2 and 40 marks in section 3
MCSL-045	02	25 each section
MCSL-054	02	25 each section

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**AWARD LIST FOR PRACTICAL EXAMINATION**

**Name of the Programme : BCA Course Code Practical**  
**Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_**  
**Study Centre Code : \_\_\_\_\_ Maximum Marks : As mentioned in the table given below.**

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Marks	Sl. No	Enrolment Number	Marks
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		

**Signature \_\_\_\_\_ Signature with date \_\_\_\_\_**

**Name of Coordinator \_\_\_\_\_ Name of the Examiner \_\_\_\_\_**

**Programme Study Centre \_\_\_\_\_**

**Date & Centre Stamp \_\_\_\_\_ Date \_\_\_\_\_**

Certified that all the above student have  
More than 75 % attendance.  
75 % attendance is not required for internet  
Mode student .

**Note Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and Second Copy must be preserved at the Study Centre.**





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**AWARD LIST FOR PRACTICAL EXAMINATION**

Name of the Programme : M.Sc.(MACS) Course Code : \_\_\_\_\_

Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_

Study Centre Code : \_\_\_\_\_ Maximum Marks : 50

PLEASE ARRANGE ENROLMENT NOS. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl.No.	Enrolment Number	Name of the Student	Term-end Practical Marks		
			Viva-Voce M.M (10)	Practical M.M (40)	Total M.M (50)
1					
2					
3					
4					
5					
6					
7					
8					

Signature \_\_\_\_\_  
Name of the Coordinator, \_\_\_\_\_  
Programme Study Centre \_\_\_\_\_

Signature \_\_\_\_\_  
Name of the Examiner \_\_\_\_\_

Date & Centre Stamp \_\_\_\_\_

Date \_\_\_\_\_

**N.B. THIS AWARD SHEET IS FOR THE COURSE MMT-001 ONLY**

Passing in each of the two components of the practicals separately, is necessary. If a student fails in any one of the components he/she will have to appear in both the components of the practical exam next time. For passing 40% marks are required.

**Note : Two Copies of this award list are to be prepared. First copy may be sent to the concerned Regional Centre and second and copy must be preserved at the Study Centre.**



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**Award List of Term-end Practical Examination**

Name of the Programme : DNA Course Code : \_\_\_\_\_  
 Name of the study centre : \_\_\_\_\_ Month & Year : \_\_\_\_\_  
 Study Centre Code : \_\_\_\_\_ Maximum Marks : \_\_\_\_\_

PLEASE ARRANGE ENROLMENT NOs. IN THE ASCENDING ORDER ONLY AND MENTION COMPLETE AND CORRECT ENROLMENT NUMBER OF NINE DIGITS.

Sl. No	Enrolment Number	Name of the Student	Self Activities M.M 25	Supervised Activities M.M 25	Practical Examination M.M (50)	Remarks Pass/Fail

Signature with date \_\_\_\_\_ Signature with date \_\_\_\_\_

Name of the \_\_\_\_\_ Name of the \_\_\_\_\_

Internal Examiner \_\_\_\_\_ Internal Examiner \_\_\_\_\_

Signature of Programme In-charge

Date \_\_\_\_\_ With Official Seal

Note: Two Copies of this award list are to be prepared. First copy may be sent to the concerned

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**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
STUDENT EVALUATION DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

**AWARD LIST FOR EVALUTION OF DISSERTATION AND VIVA-VOCE  
EXAMINATION**

**PROGRAMME : M.A. (EDUCATION)**

**COURSE CODE : MESP-001**

Sl.No.	Name of the Candidate	Dissertation No.	Enrolment No.	GRADE		
				Dissertation	Viva-Voce	Overall Grade (By SED)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**(Signature)**

-----

**Name of Evaluator  
Cum Viva-Voce Examiner**

**Address : .....**

.....

.....

**Tel No: .....**

**E-mail ID : .....**

**(Signature of Regional Director)  
(Seal)**

**Name and Address of  
Regional Centre**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
STUDENT EVALUATION DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

**Enrolment No.....**

**ASSESSMENT SHEET FOR EVALUATION OF DISSERTATION AND VIVA-VOCE**

**Name of the Candidate : .....**

Programme M.A. (EDUCATION)

Course Code :MESP-001

Dissertation No. ....

GRADE :

Dissertation -

Viva-voce -

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**Evaluator's Comments/Suggestions on Dissertation :**

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**Evaluator's Comments/ Suggestion on Viva-Voce :**

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If the space is not sufficient, please use blank sheet

**Note : A candidate has to obtain at least C grade separately in Dissertation and Viva-voce. If aCandidate is awarded below C grade, detailed comments/suggestion to revise/rework and resubmission of the dissertation may be given by the evaluator.**

**Dated**

**(Signature of Evaluator  
Cum Viva-voce Examiner)**

**Name \_\_\_\_\_**

**Address : .....**

**.....**

**Tel No :.....**

**E-mail ID : .....**

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
STUDENT EVALUATION DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

**AWARD LIST FOR EVALUTION OF PROJECT REPORT AND VIVA-VOCE  
EXAMINATION**

PROGRAMME : POST GRADUATE DIPLOMA IN EDUCATIONAL TECHNOLOGY

(PGDET)

COURSE CODE : MES-035

Sl.No .	Name of the Candidate	Project Report No.	Enrolment No.	GRADE		
				Project	Viva-Voce	Overall Grade (By SED)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**(Signature)**

-----

**Name of Evaluator  
Cum Viva-Voce Examiner**

**Address :.....**

.....

.....

**Tel No: .....**

**E-mail ID :.....**

**(Signature of Regional Director)**

**(Seal)**

**Name and Address of  
Regional Centre**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
STUDENT EVALUATION DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

Enrolment No.....

**ASSESSMENT SHEET FOR EVALUATION OF PROJECT REPORT AND VIVA-VOCE**

Name of the Candidate : -----

Programme POST GRADUATE DIPLOMA IN EDUCATIONAL TECHNOLOGY (PGDET)

Course Code : MES-035

Project Report No. ....

**GRADE :**

Dissertation

Viva-voce -

**Evaluator's Comments/Suggestions on Project Report :**

**Evaluator's Comments/ Suggestion on Viva-Voce :**

If the space is not sufficient, please use blank sheet

**Note : A candidate has to obtain at least C grade separately in Project Report and Viva-voce. If a Candidate is awarded below C grade, detailed comments/suggestion for revision and resubmission of the Project report may be given by the evaluator.**

**Dated**

**(Signature of Evaluator  
Cum Viva-voce Examiner)**

**Name** \_\_\_\_\_

**Address :** .....

.....

**Tel No :** .....

**E-mail ID :** .....



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
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MAIDAN GARHI, NEW DELHI-110068**

**AWARD LIST FOR EVALUTION OF PROJECT REPORT AND VIVA-VOCE  
EXAMINATION**

PROGRAMME : POST GRADUATE DIPLOMA IN PRE PRIMARY EDUCATION

PROGRAMME (PGDPPED)

COURSE CODE : MES-085

Sl.No .	Name of the Candidate	Project Report No.	Enrolment No.	GRADE		
				Project	Viva- Voce	Overall Grade (By SED)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**(Signature)**

-----

**Name of Evaluator  
Cum Viva-Voce Examiner**

**Address :.....**

.....

.....

**Tel No: .....**

**E-mail ID :.....**

**(Signature of Regional Director)**

**(Seal)**

**Name and Address of  
Regional Centre**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
STUDENT EVALUATION DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

Enrolment No.....

**ASSESSMENT SHEET FOR EVALUATION OF PROJECT REPORT AND VIVA-VOCE**

Name of the Candidate : -----

Programme POST GRADUATE DIPLOMA IN PRE PRIMARY EDUCATION

PROGRAMME (PGDPPED)

Course Code : MES-085

Project Report No. ....

**GRADE :**

Dissertation

Viva-voce -

**Evaluator's Comments/Suggestions on Project Report :**

**Evaluator's Comments/ Suggestion on Viva-Voce :**

If the space is not sufficient, please use blank sheet

**Note : A candidate has to obtain at least C grade separately in Project Report and Viva-voce. If a Candidate is awarded below C grade, detailed comments/suggestion for revision and resubmission of the Project report may be given by the evaluator.**

**Dated**

**(Signature of Evaluator  
Cum Viva-voce Examiner)**

**Name** \_\_\_\_\_

**Address :** .....

.....

**Tel No :**.....

**E-mail ID :** .....



**SCHOOL OF COMPUTER AND INFORMATION SCIENCES  
IGNOU, MAIDAN GARHI, NEW DELHI-110068**

**PROFORMA FOR THE APPROVAL OF BCA PROJECT PROPOSAL (CS-76)**

**(Note: All entries of the Performa of approval should be filled up with appropriate and complete information. Incomplete Performa of approval in any respect will be summarily rejected.)**

Project Proposal No :..... (for office use only)
---

Enrolment No :- .....  
 Study Centre : .....  
 Regional Centre : .....RC Code : .....  
 E-mail .....  
 Telephone No : .....

1. Name and Address of the Student  
 .....  
 .....

2. Title of the Project  
 .....

3. Name and address of the Guide  
 .....  
 .....

		Ph.D*	M.Tech	B.E*/B.Tech.*	MCA	M.Sc.*
4. Education Qualification of the Guide (Attach bio-data also)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(\* in computer Science/IT only)

5. Working / Teaching experience of the Guide\*\*  
 .....

(Note: 1. All the above mentioned Degrees must have been awarded in Computer Science/IT only  
 2. A Guide should not guide more than 8 Students of BCA at any point of time )

6. Software used in the project  
 .....  
 (Note: Use of Visual Basic and MS-Access as Front End back End respectively is forbidden. But you are permitted to use Visual Basic with other Software. Also, You can use MS-Access with other software)

Signature of the Student  
 Date: .....

Signature of the Guide  
 Date: .....

(For office use only)

.....  
 Signature, Designation, Stamp of  
 The project proposal Evaluator  
 The Project Proposal

<input type="checkbox"/>	<input type="checkbox"/>
Approved	Not Approved

Suggestion for reformulating the Project :
--

