



MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, WEST BENGAL
(Formerly known as West Bengal University of Technology)
BF-142, Saltlake, Sector-1, Kolkata-700064, India

Ref. No. COE/Ex./Eval/4TH/2016/117043

Date: 01/07/2016

From:

Controller of Examination (Actg.)
Maulana Abul Kalam Azad university of Technology, WB

To:

Dr. SADHAN KUMAR DEY

College Code 117

Dear Sir/Madam,

I am directed to inform that you have been appointed as an Examiner for 4TH Semester Examination, 2016 conducted by Maulana Abul Kalam Azad university of Technology, WB. The relevant particulars are given below:

Degree B.Tech N 2nd Year Even Semester, 2016 Course ECE N
Name of the Paper Values and Ethics in Profession Paper Code HU 401
Full Marks: 70

Hope you will accept the assignment and send your consent (appended below) at early date. For any kind of clarification do not hesitate to contact the undersigned or his office.

NB. In case of near relation appearing at the concerned examination, you are requested to decline the offer with in 7 days by mentioning the reason in a sealed cover to the undersigned.

Remuneration and TA/DA will be made as per University rules.
Thanking you in anticipation of acceptance & best of co-operation.

Yours Faithfully

Indranil Mukherjee

Controller of Examinations (Actg.)

Date of Evaluation: 20/07/2016

Venue: Techno India College of Technology, Rajarhat New Town Rabindra Tirtha, Narkel Bagan

Note:

- Each examiner is requested to evaluate 200 answer scripts to help the University to publish the result of the semester as early as possible.

To:

Controller of Examination (Actg.)
Maulana Abul Kalam Azad university of Technology, WB

In terms of your letter under ref No. COE/Ex./Eval/4TH/2016/117043 Date 01/07/2016 hereby give my consent to act as an Examiner in the Subject of Values and Ethics in Profession Paper Code HU 401

for the Examination 2016 conducted by the Maulana Abul Kalam Azad University of Technology WB.

I promise to keep strictly secret all information of confidential nature related with the concerned examination.

I declare that no one of my near relation is appearing in this Examination.

DATE:

NAME OF EXAMINER: Dr. SADHAN KUMAR DEY

NAME OF THE INSTITUTIONS: RCC INSTITUTE OF INFORMATION TECHNOLOGY

Signature of the Examiner: _____