



Examination Department

BITM/ED-11: Application for Completion of Evaluation

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Through the Head, _____

Subject: Regarding the completion of evaluation work _____

Respected Sir,

I would like inform you that I have completed the following evaluation assignments as assigned to me.

S.N.	Code (Subject/Lab)	Name (Subject/Lab)	No of copies evaluated	Date of submission of marks	Date of leaving, if applicable	Remarks, if any
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature of Office Assistant

Name and Signature of Coordinator

Signature of HOD

Name and Signature of Evaluator
Contact Number:

Department:
Contact Number:

Department:
Contact Number:

For Office Use Only

To (Evaluation Section)- For Record	<p style="text-align: right;"><i>Controller of Examination</i></p>
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