



# INDIRA GANDHI NATIONAL OPEN UNIVERSITY EVALUATION BRANCH, NEW DELHI

(To be filled in Duplicate)\*

Enrolment No. \_\_\_\_\_ Programme \_\_\_\_\_ Assessment  
 Student's Name \_\_\_\_\_ Course \_\_\_\_\_ Grade

Study Centre Code No. \_\_\_\_\_

Evaluator's Comments

If the space is not sufficient, please use back page

Please tick ✓ in the relevant box below													
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Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name in full \_\_\_\_\_

Evaluator's Code No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
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Moderator's comments, if any \_\_\_\_\_

Signature of the Moderator \_\_\_\_\_

Name in Full \_\_\_\_\_