



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

**Bill for Evaluation of BCA Project Proposals**

Regional Centre:.....

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

Sl. No	Lot No.	Date of Evaluation of BCA Project Proposals)	Project Proposal Nos. (From..... To.....)	Total No. of Project Proposals Evaluated	Amount (@Rs.15/-per proposal)

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

Affix  
revenue  
Stamp

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

Date: .....

Station: .....

Signature of the Evaluator:

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

**Dy. Registrar/Asst. Registrar**

**Section Officer**

**Dealing Asst.**

**Regional Director**