



DYAL SINGH EVENING COLLEGE

(University of Delhi)

Phone: 011-24367658 Fax 01124369983 www.dsce.du.ac.in.

A Full-fledged Day College

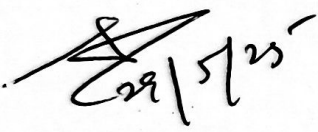
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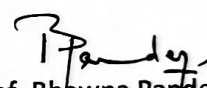
Date: 29.05.2025

NOTICE

All the faculty members who have taught 2ND semester are requested to submit their Internal Assessment result to their TIC's by 9TH JUNE 2025 positively.

All the teachers in charges are also required to submit the collective departmental Internal Assessment result of 2ND semester to the administration office by 10TH June 2025.


Dr. Jagbir Singh
(Convenor)
Internal Assessment
Monitoring Committee


Prof. Bhawna Pandey
(Principal)

CC:

1. College Website
2. Staff Room Notice Board
3. Email to all the teachers.

Dyal Singh Evening College

(University of Delhi)

Lodi Road, New Delhi-110003

Submission of Student's Internal Assessment Record of Semester: ____; Year: ____

I am submitting herewith the Internal Assessment in respect of the department of: _____ as per the details given below:

[illegible]

Contd.: --2/-

Total Sheets: _____

Signature: _____

Name of the Teacher in Charge: _____

Department: _____

Date: _____

Acknowledgement

(To be submitted to the Office)

Received internal Assessment Record – Total Sheets: _____

Date: _____

Department: _____

Teacher-in-Charge Name: _____

Received By: _____

Dyal Singh Evening College
(University of Delhi)
Lodi Road, New Delhi-110003

Submission of Student's Internal Assessment Record of Semester: ____; Year: ____

I am submitting herewith the Internal Assessment in respect of all the classes taught by me during the semester mentioned above, as per the details given below:

Class (With Semester)	Section	Subject/Paper	Unique Paper Code	No. of Sheets (Attached)

Total Sheets: _____

Signature: _____

Name of the Teacher: _____

Department: _____

Date: _____

(Note: Teachers are advised to keep a copy of their record of Internal Assessment)

Acknowledgement
(To be submitted to the Teacher-in-Charge)

Received internal Assessment Record – Total Sheets: _____

Date: _____

Teacher Name: _____

Received By: _____