



**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

Ph. : 080-26961930, 26961946, 26961945  
Fax. : 080-26961931 E-mail : registrar\_evaluation@yahoo.co.in

R(E)/DR(E)-I/Ex-I/PG /Nov - 2018

Date : 03-11-2018

**REPLY URGENT**

To,

MR. SOMASHEKAR M METRI {T000170}  
ASST.PROF  
DEPT. OF PHARMACY DEPT.  
BLDE Associations College of Pharmacy  
P.O. Box.No.40, Ashram Road,  
Coll Ph.:  
Mobile : 9972087081

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
during November - 2018.

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**Appointment as OBSERVER CUM SQUAD**

I am happy to inform you, that the Hon'ble Vice-Chancellor is pleased to appoint you as OBSERVER CUM SQUAD in connection with the conduct of Post Graduate Theory examination scheduled from 05.11.2018 TO 12.11.2018 in the following centre.

Cntr Code	Centre Name with Address
MO08	B V V SANGHA'S S. NIJALINGAPPA MEDICAL COLLEGE & HANAGAL SHRI KUMARESHWAR HOSPITAL & RESEARCH CENTRE, NAVANAGAR,, , BAGALKOT - 587 102

You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

Encl: 1. Observer / Squad - Power and functions / Daily Report Check List (Refer RGUHS website).

Note: 1. Examination work is mandatory.  
2. In case, if you have previously done your duties as "Observer/Squad" in the same centre, you are hereby directed to decline this appointment and intimate this office forthwith.



**Dr. M.K.Ramesh**  
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R(E)/DR(E)-I/Ex-I/PG /Nov - 2018

Date : 03-11-2018

**REPLY URGENT**

To,

MRS. MANJULA KARLWAD {T000171}  
ASST.PROF  
DEPT. OF AYURVEDA  
Ayurveda Mahavidyalaya  
Heggeri Extension,, Old Hubli,, , Hubli - 580 024  
Coll Ph.: 2305422  
Mobile : 9916259601

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
during November - 2018.

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**Appointment as OBSERVER CUM SQUAD**

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Cntr Code	Centre Name with Address
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M451	KARNATAKA INSTITUTE OF MEDICAL SCIENCES , , , HUBLI - 580 021
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You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

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R(E)/DR(E)-I/Ex-I/PG /Nov - 2018

Date : 03-11-2018

**REPLY URGENT**

To,

PAVAN KUMAR G {T000172}  
VICE-PRINCIPAL  
DEPT. OF PHYSIOTHERAPY  
CAUVERY COLLEGE OF PHYSIOTHERAPY

Coll Ph.:

Mobile : 9964964550

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
during November - 2018.

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Cntr Code	Centre Name with Address
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M404	A J INSTITUTE OF MEDICAL SCIENCES, N.H-17,, KUNTIKANA,, , MANGALORE - 575 004
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You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

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R(E)/DR(E)-I/Ex-I/PG /Nov - 2018

Date : 03-11-2018

**REPLY URGENT**

To,

NAVEEN BASAVARJ SAJJAN {T000173}  
ASST.PROF  
DEPT. OF AYURVEDA  
Amruth Ayurvedic Medical College  
Behind Onake Obavva Stadium,, , Chitradurga - 577  
501  
Coll Ph.: 651589  
Mobile : 8971002744

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
during November - 2018.

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**Appointment as OBSERVER CUM SQUAD**

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Cntr Code	Centre Name with Address
M426	J.J.M.MEDICAL COLLEGE, , , , DAVANGERE - 577 004

You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

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Fax. : 080-26961931 E-mail : registrar\_evaluation@yahoo.co.in

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Date : 03-11-2018

**REPLY URGENT**

To,

S C Marapur {T000174}  
ASST.PROF  
DEPT. OF PHARMACY DEPT.  
BLDE Associations College of Pharmacy  
P.O. Box.No.40, Ashram Road,  
Coll Ph.:  
Mobile : 8123675930

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
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Cntr Code	Centre Name with Address
M501	M.R.MEDICAL COLLEGE, , , SEDAM ROAD,, GULBARGA - 585 105

You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

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R(E)/DR(E)-I/Ex-I/PG /Nov - 2018

Date : 03-11-2018

**REPLY URGENT**

To,

DR. RAJESH N {T000175}  
ASSO.PROF  
DEPT. OF NURSING DEPT.  
Raman College of Nursing  
No. 37/A-1, 2nd Stage, Indl. Suburb, Fort Mohalla, ,  
Mysore - 570 008  
Coll Ph.: 2489897  
Mobile : 9844467830

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
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Cntr Code Centre Name with Address

M676 MYSORE MEDICAL COLLEGE & RESEARCH INSTITUTE,  
IRWIN ROAD,, , MYSORE - 570 021

You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

Your's faithfully,

Sd/-

**Dr. M.K.Ramesh**  
**Registrar (Evaluation)**

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Date : 03-11-2018

**REPLY URGENT**

To,

DR. R V YADAVANNAVAR {T000176}  
PROF & HOD  
DEPT. OF AYURVEDA  
K V G Ayurveda Medical College & Hospital  
Ambatedka,, Kurunjibag,, , Sullia - 574 327  
Coll Ph.: 233208, 233808  
Mobile : 8951555159

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
during November - 2018.

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Cntr Code	Centre Name with Address
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M701	NAVODAYA MEDICAL COLLEGE No.6 - 2- 139/5,, NAVODAYA NAGAR,, MANTRALAYA ROAD,, RAICHUR - 584 103
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You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

Your co-operation to conduct the examination in a smooth manner is solicited.

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Date : 03-11-2018

**REPLY URGENT**

To,

SHUBHARANI {T000178}  
ASSO.PROF  
DEPT. OF AYURVEDA  
Sushrutha Ayurvedic Medical College & Hospital  
"Prashanti Kuteera", Jodi Bingipura,, Jigani Hobli,,  
Anekal Taluk,, Bangalore - - 560 106  
Coll Ph.: 26892450  
Mobile : 9449453674

Sir / Madam,

Sub: Post-Graduate Medical and Dental Courses theory examination  
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Cntr Code	Centre Name with Address
MO01	BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, FORT, K R ROAD, BANGALORE - 560 002

You are requested to contact the Principal and Chief Superintendent of the said examination centre and get yourself acquainted with the assigned work.

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Your's faithfully,

Sd/-

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**Registrar (Evaluation)**

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