



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	
<p style="text-align: center;">CONTENT</p> <p>Accurate Information <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inaccurate Information</p> <p>Adequate Coverage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inadequate Coverage</p> <p>Good Conceptual Analysis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor Conceptual Analysis</p>	<p style="text-align: center;">STRUCTURE & PRESENTATION</p> <p>Well Planned <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inadequately Planned</p> <p>Concise <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Too long or too short</p> <p>Clearly Expressed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not clearly Expressed</p>

Evaluator's Signature _____

Date _____

Name in full _____

Evaluator's Code No. _____

Address _____

Moderator's comments, if any _____

Signature of the Moderator _____

Name in Full _____