



इग्नू
जन-जन का
विश्वविद्यालय

इन्दिरा गांधी राष्ट्रीय मुक्त विश्वविद्यालय
INDIRA GANDHI NATIONAL OPEN UNIVERSITY
क्षेत्रीय केन्द्र - राजकोट, REGIONAL CENTRE - RAJKOT



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THE PEOPLE'S
UNIVERSITY

Assessment Sheet

Enrolment No. _____ Programme _____ Assessment

Student's Name _____ Course _____ Grade/Marks

Study Centre Code No. _____ Assignment No. _____ Max. Marks

Evaluator's Comments

(If this space is not sufficient, please use back page)

Please tick ☒ in the relevant box below

CONTENT			STRUCTURE & PRESENTATION		
Accurate Information	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inaccurate Information	Well Planned	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inadequately Planned
Adequate Coverage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Inadequate Coverage	Concise	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Too long or too short
Good		Poor			
Conceptual Analysis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Conceptual Analysis	Clearly Expressed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not Clearly Expressed
Good		Poor			

Evaluator's Signature _____

Moderator's Comments, if any

Date _____

Name in full _____

Evaluator's Code No. _____

Address _____

Signature of the Moderator _____

Name in full _____



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

TMA Acknowledgment Slip

The Receipt of following Tutor Marked Assignment(s) is acknowledged.

Sr. No.	Course Code	Assignment Number & Details	Sr. No.	Course Code	Assignment Number & Details
1			6		
2			7		
3			8		
4			9		
5			10		

(Note: Retain Xerox copy of full TMAS. Personally collect the evaluated TMAs, Before the Term End Exam – December/June (or) within 2-3 months From the date of submission of TMA)

Enrollment No.
(Nine/Ten Digit)

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Programme of Study

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Name of Student

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Address

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City

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Pin Code -

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E Mail ID

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Mobile No.

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Date of Submission

D	D	M	M	Y	Y	Y	Y
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Study Centre Stamp with Date

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Signature of Receiver with Date