

**DR. BHIM RAO AMBEDKAR COLLEGE**

**UNIVERSITY OF DELHI**

**INDIVIDUAL TIME-TABLE (20 -20 ) SEMESTER- .....**

Note: Please clearly mention (i) the name of Teacher; (ii) Paper; (iii) Course & Year; (iv) Section: (v) Room no., and (vi) Lecture/Practical/Tutorial submit the same to the Dak Section.

Teacher (Name).....Department\_\_\_\_\_ Permanent/Temp./Ad-hoc/Guest.....Mobile.....

	I.08:50	II.09:50	III.10:50	IV.11:50	V.12:50	VI.01:50	VII.02:50	VIII.03:50	DETIALS
MON									
TUE									
WED									
THU									
FRI									
SAT									

No.of Teaching Periods.....No. of Lectures..... No. Of Preceptorials/Tutorials.....No. of Practicals.....Teacher-in-charge(Name): sign.....Date

**For office:**Date of Reciept.....Signature.....Teacher(Name).....Signature.....