Dr. BHIM RAO AMBEDKAR COLLEGE, Individual Time-Table (20 -) Sem-…….

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: …….

Period / Day	I.08.50	II. 09.50	III. 10.50	IV. 11.50	V. 12.50	VI. 1.50	VII. 2.50	VIII. 3.50	IX.4.50
MON									
TUE									
WED									
THU									
FRI									
SAT									

No. of Teaching Periods ….. No. of Lectures ….. No. of Preceptorials/Tutorials …… No of Tutorials….Teacher-In-charge **……**, Sign……..

For office: Date of Receipt……...Signature……Teacher (Name)…….., Signature…….