Statement of Assignment performed by Guest Lecturer/Visiting Faculty

Name of the Guest Faculty _____
(In CAPITAL LETTERS)

Department:_____ Month & Year: _____

DATE	NO. OF CLASSES							SIGNATURE
	SEM—I	SEM—II	SEM—III	SEM—IV	SEM—V	SEM—VI	TOTAL	
						TOTAL		

Date:_____

_____
Signature of Head / Coordinator

CLASS MEANS 1 HOUR CLASS OF THEORY/PRACTICAL

VIVEKANANDA COLLEGE