

STATEMENT OF LECTURES DELIVERED OF BS CLASSES FOR THE

MONTH _____ 202

Name of Visiting Teacher _____ Class Strength _____

Course Code _____ Course Title _____

Semester _____ BS-Discipline _____

Sr. No.	Dated	No. of Students Attended the Class	Sr. No.	Dated	No. of Students Attended the Class
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

It is to certify that above mentioned BS classes were taken by me as per time table and my claim is correct if any discrepancy is pointed out any time, I will be responsible.

Verified by _____

BS-Coordinator

Signature of Class Teacher _____

Name _____

Qualification _____

Checked by _____