

STATEMENT OF LECTURES DELIVERED OF INTER CLASSES FOR THE

MONTH _____ 202

Name of Visiting Teacher _____ Class Strength _____

Class _____ Subject _____

Section _____ Discipline _____

Sr. No.	Dated	No. of Students Attended the Class	Sr. No.	Dated	No. of Students Attended the Class
1			14		
2			15		
3			16		
4			17		
5			18		
6			19		
7			20		
8			21		
9			22		
10			23		
11			24		
12			25		
13			26		

It is to certify that above mentioned intermediate 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 _____
Coordinator

Signature of Class Teacher _____

Name _____

Qualification _____

Checked by _____