WORK LOAD OF FACULTY

Department:						Academic Year:			Semester: I/II		Date:	
S.No.	Name of the Faculty, Designation, Email & Mobile Number	No. of Mentees Assigned	Theory			Practical's			Association	Total Hours	No. of Projects Guiding	
			Name of the Subject	Class & Section	Hours/ week	Name of the Lab	Class & Section	Hours/ week	Hours/ week		B.Tech	M.Tech

Signature of the Academic Coordinator **Signature of the HoD**