



Lecture & Practical Adjustment Report

Name of Faculty: - _____

Department: - _____

Date of Leave: - From _____ To _____ No. of Days: - _____

Nature of Leave: - CL/OD/CH/ML Any other: - _____

Lecture and Practical Adjustment details

Sr No	Date	Subject	Class	Time of Lecture/Practical		Name and Signature of Adjusted Faculty

Signature of Faculty

Remark of HOD _____