



Ref. No./DYPCET/ENGG/_____

Date: _____

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: - _____

Sr. No.	Date	Subject	Class	Time of Lecture	Name and Signature of Adjusted Faculty
1					
2					

Sr. No.	Date	Subject	Class	Time of Practical	Name and Signature of Adjusted Faculty
1					
2					

Remark of HOD: - _____

Signature of Faculty

Signature of HOD

Note: - Submit duly Signed form to Dean Academics.