

**KAMLA NEHRU INSTITUTE OF PHYSICAL & SOCIAL SCIENCES, SULTANPUR(UP)**

**TEACHING, LEARNING AND EVALUATION RELATED ACTIVITY**

Name of Teacher:

Department:

Month:

<b>Class</b>	<b>Course/Paper</b>	<b>No. of classes allotted</b>	<b>No. of classes conducted*</b>	<b>No. of Extra classes**</b>	<b>Mode of Teaching@</b>	<b>Reading/Instructional material consulted and additional knowledge resources provided to students.</b>
<b>Co-curricular, Extra-Curricular, extension and professional development related activities.#</b>						

\* As per documented record; \*\*In excess to UGC norm i.e.24 periods per week; @Lecture (L), Seminars (S), Tutorials (T), Practical (P), Contact Hours (C)etc;# Name and level (such as Department / Institute / District/ regional / State/National)of activities.

**Head of the Department Signature**

**Teacher's Signature**