

(Institution's Letterhead)

To whom it may concern

This is to certify that ----- (Name, Designation and Affiliation) ----- engaged classes assigned to him/her during his/her posting at this College/Department from to (Mention Assessment Period) as per details given below-

Academic Year	Year/Semester	No of Classes Assigned	No of Classes Engaged	% of Classes Engaged	Remarks
	DI				
	DII				
	DIII				
	PG Sem I & III				
	PG Sem II & IV				
	DI				
	DII				
	DIII				
	PG Sem I & III				
	PG Sem II & IV				
	DI				
	DII				
	DIII				
	PG Sem I & III				
	PG Sem II & IV				
	DI				
	DII				
	DIII				
	PG Sem I & III				
	PG Sem II & IV				
	DI				
	DII				
	DIII				
	PG Sem I & III				
	PG Sem II & IV				

Principal/HOD