

Faculty Name										
Starting Date					GR	ID				
Ending Date					B. Tir	ne		Ē		

IAM	IRWn S T U D E N T N A M E						
						EMBRC	DIDERY
LEC.	TOPIC	P/A	DATE	DAY	FEEDBACK	STUDENT SIGN.	FACULTY SIGN.
1	KACHHI WORK				A B C D		
2	KANTHA WORK				A B C D		
3	KASUTI WORK				A B C D		
4	CHICKEN KARI WORK				A B C D		
5	KASHAMIRI WORK				A B C D		
6	TODA WORK				A B C D		
7	MIRROR WORK				A B C D		
8	PHULKARI WORK				A B C D		
9	PRODUCT				A B C D		