

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **FASTENERS**

| LEC. | TOPIC  | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|--|-----|------|-----|--|---------------|---------------|
| 1    | HOOK/EYE/READY EYE                                 |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | PRESS BUTTON                                       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | BUTTON ATTACHMENT 2 HOLE / 4 HOLE / INVISIBLE HOLE |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | TROUSER HOOK                                       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | GOLDEN ZIPPER                                      |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | PLAIN ZIPPER                                       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | INVISIBLE ZIPPER                                   |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | DANGRI BUTTON                                      |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | VALCRO   |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 10   | ILASTIC  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 11   | FABRIC LOOP + BUTTON                               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 12   | RIVET  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 13   | JEANS BUTTON                                       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **FEMALE WEAR**

| LEC. | TOPIC                | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|----------------------|-----|------|-----|--|---------------|---------------|
| 1    | BASIC BODY BLOCK     |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | KURTI                |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | SLEEVE LESS KURTI    |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | A-LINE KURTI         |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | SALWAR               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | PATIYALA             |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | DHOTI                |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | CHUDIDAR             |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | WAISTCOAT            |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 10   | ANY 1 ADVANCE KURTI  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 11   | ANY 1 ADVANCE BOTTOM |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **KID'S WEAR**

| LEC. | TOPIC               | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|---------------------|-----|------|-----|--|---------------|---------------|
| 1    | BASIC BODY BLOCK    |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | BORN BABY ROMPER    |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | SKIRT & TOP         |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | FROCK               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | ANY 1 ADVANCE DRESS |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **POCKET, NECKLINES, COLLARS**

| LEC. | TOPIC            | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|------------------|-----|------|-----|--|---------------|---------------|
| 1    | SHIRT POCKET     |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | ROUND NECK       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | SQUARE NECK      |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | BOAT NECK        |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | SCALLOPED NECK   |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | STEPS NECK       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | KEY-HOLE NECK    |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | ILLUSION NECK    |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | STAND COLLAR     |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 10   | PETER PAN COLLAR |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **SLEEVES**

| LEC. | TOPIC             | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|-------------------|-----|------|-----|--|---------------|---------------|
| 1    | BASIC SLEEVE      |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | FULL SLEEVE       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | CAP SLEEVE        |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | UPPER PUFF SLEEVE |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | LOWER PUFF SLEEVE |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | BOTH PUFF SLEEVE  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | PAGODA SLEEVE     |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | BELL SLEEVE       |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | MAGYAR SLEEVE     |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

Faculty Name Starting Date  GR ID Ending Date  B. Time  :I AM RWn  STUDENT NAME **TYPES OF SEAM**

| LEC. | TOPIC                      | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|----------------------------|-----|------|-----|--|---------------|---------------|
| 1    | PLAIN SEAM                 |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | FLANNEL SEAM               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | OVERCAST SEAM              |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | PLAIN SEAM WITH TOP STITCH |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | FRENCH SEAM                |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | FEGOTTED SEAM              |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | FLAT SEAM                  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | LAPPED SEAM                |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | CORD TUCK                  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 10   | GEOMETRIC JOINT            |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 11   | ROUND JOINT                |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |

I AM RWn  STUDENT NAME **TYPES OF MACHINE TECHNIQUES**

| LEC. | TOPIC                   | P/A | DATE | DAY | FEEDBACK   | STUDENT SIGN. | FACULTY SIGN. |
|------|-------------------------|-----|------|-----|--|---------------|---------------|
| 1    | 1/4 LINES WITH BACKTACK |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 2    | HALF DISTANCE BACKTACK  |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 3    | PIN TUCKS               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 4    | CROSS PIN TUCKS         |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 5    | 1/4 TUCKS               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 6    | MEXICAN PLEAT           |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 7    | KNIFE PLEAT             |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 8    | BOX PLEAT               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 9    | CORD TUCK               |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 10   | MACHINE QUILTING        |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |
| 11   | BIAS BELT TWISTING      |     |      |     | <input type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> C <input type="checkbox"/> D |               |               |