

DAILY PERFORMANCE REPORT



Name of the College: **DARJEELING GOVERNMENT COLLEGE**
Name of the Teacher
Name of the Department:
Designation:
Month & Year:

ONLINE CLASS DETAILS

Date	Class Details		No of Classes Allotted			No of Classes Taken			Other activities
	Initial	Time	THEORY	REMEDIAL	PRACTICAL	THEORY	REMEDIAL	PRACTICAL	
1									
2									
3									
4									
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.....
TEACHER

.....
HEAD OF THE DEPARTMENT

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OFFICER-IN-CHARGE
DARJEELING GOVERNMENT COLLEGE