

DR. BHIM RAO AMBEDKAR COLLEGE

UNIVERSITY OF DELHI

INDIVIDUAL TIME-TABLE (2023-2024) SEMESTER- I, III, V 2024

Note: Please clearly mention (i) the name of Teacher; (ii) Paper; (iii) Course & Year; (iv) Section: (v) Room no., and (vi) Lecture/Practical/Tutorial submit the same to the Dak Section.

Teacher (Name) Dr. SUNITA SHARMA Department SKT Permanent/Temp./Ad-hoc/Guest Ad-hoc Mobile 7678137036

	I.08:50	II.09:50	III.10:50	IV.11:50	V.12:50	VI.01:50	VII.02:50	VIII.03:50	DETAILS
MON			Sem-I SKT. (minor) R.No-1	Sem-III SKT. (minor) R.No-1		Sem-V SKT. (Minor) R.No.-1	Sem-V DSE R.No-1A		
TUE			''			Sem-V SKT. (minor) R.No-1A			
WED		Sem-III SKT. (minor) R.No.-1	-			Sem-V SKT. (minor) R.No-1	Sem-V DSE R.No-1		
THU			Sem-I SKT. (minor) R.No-1A	Sem-III SKT. (minor) R.No-1			Sem-III SKT. VAC R.No.-5		
FRI			Sem-I SKT. (minor) R.No. 1	''		Sem-V SKT. (minor) R.No-42	Sem-V DSE R.No-1		
SAT									



No. of Teaching Periods 16 No. of Lectures 12 No. Of Preceptorials/Tutorials 4 No. of Practicals..... Teacher-in-charge (Name): R.P. Divedi sign R.P. Divedi Date 30/7/2024

For office: Date of Receipt..... Signature..... Teacher (Name) Dr. Sunita Sharma Signature Sunita Sharma Date 30/7/2024

DR. BHIM RAO AMBEDKAR COLLEGE

UNIVERSITY OF DELHI

INDIVIDUAL TIME-TABLE (20 -20 ) SEMESTER- I, III, V 2024

Note: Please clearly mention (i) the name of Teacher; (ii) Paper; (iii) Course & Year; (iv) Section; (v) Room no., and (vi) Lecture/Practical/Tutorial submit the same to the Dak Section.

Teacher (Name) Dr. Piyush Pandey Department Skt Permanent/Temp./Ad-hoc/Guest Guest Mobile 9871415353

	I.08:50	II.09:50	III.10:50	IV.11:50	V.12:50	VI.01:50	VII.02:50	VIII.03:50	DETAILS
MON					Sem - I Skt. VAC R.No. - 9	Sem - III Skt. VAC R.No. - 1A	Sem - I Skt. AEC R.No. - 1	Sem - III Skt. AEC R.No. - 1	
TUE						Sem - III Skt. AEC R.No. - 1A	)		
WED							-		
THU							Sem - I Skt. VAC R.No. - 1A	Sem - III Skt. VAC R.No. - 1	
FRI							)		
SAT									



No. of Teaching Periods.....No. of Lectures..... No. Of Preceptorials/Tutorials.....No. of Practicals.....Teacher-in-charge (Name): R. P. Divedi Sign R. P. Divedi Date

For office: Date of Receipt.....Signature.....Teacher (Name) Dr. Suneta Sharma Signature S. Sharma Date 30/7/2024