## **KAMRUP COLLEGE: CHAMATA**

## **TEACHER'S MONTHLY ACTIVITY REPORT, 2024**

Name of th	e Teacher:	
Name of th	e Department:	
Name of M	onth:	./2024



Date	Name and No. of Classes Allotted	Name and No. of Classes done	Method of Teaching Adopted	Students' Outcome Evaluated (if any)	Other Activities done	Time of Arrival and Departure

Date	Name and No. of Classes Allotted	Name and No. of Classes done	Method of Teaching Adopted	Students' Outcome Evaluated if any	Other Activities done	Time of Arrival and Departure
	Total No. of Class Allotted=	Total No. of Classes done=				

Signature of Principal	Signature of Co-ordinator, IQAC	Average No. of Classes done	Signature of HoD	Signature of Teacher

## KAMRUP COLLEGE: CHAMATA

## **TEACHER'S MONTHLY ACTIVITY REPORT, 2024**

Name of	the Teacher:	
Name of	the Department:	
Name of	Month:	./2024



Date	Name and No. of Classes Allotted	Name and No. of Classes done	Method of Teaching Adopted	Students' Outcome Evaluated (if any)	Other Activities done	Time of Arrival and Departure

Date	Name and No. of Classes Allotted	Name and No. of Classes done	Method of Teaching Adopted	Students' Outcome Evaluated if any	Other Activities done	Time of Arrival and Departure
	Total No. of Class Allotted=	Total No. of Classes done=				
				<u> </u>	1	1

Signature of Principal	Signature of Co-ordinator, IQAC	Average No. of Classes done	Signature of HoD	Signature of Teacher