To, Date: 19/06/2017

The HOD

Automobile Dept.

Subject – Requirement of name of the staff for First semester 2017-18

Respected Sir,

With reference to above subject, We require the name of the staff from your dept. for time table of First year First semester 2017-18

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | EGG | AE+ME | 04 | 04 | 08 | PR (MON-12.30-2.30)PR (FRI-8.00-10.00)TH (SAT)-12.30-2.30) |  |
| 02 | WS | AE+ME | -- | 04 | 04 |  (MON-8.00-10.00) (TUE- 8.00-10.00) |  |
| 03 | WS | EE | -- | 04 | 04 |  (SAT-10.30-2.30) |  |
| 04 | ICT | AE+ME | 02 | 04 | 06 | TH (TUE)-12.30-1.30TH(THU)-9-10PR(FRI)-12.30-2.30PR(SAT)-10.30-12.30 |  |

Dr. S.K.Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator

To, Date: 19/06/2017

The HOD

Mechanical Dept.

Subject – Requirement of name of the staff for FIRST semester 2017-18

Respected Sir,

With reference to above subject, We require the name of the staff from your dept. for time table of First year.

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | EGG | ME | 02 | 04 | 06 | TH (WED-10.30-12.30)PR (THU-8-10) PR (FRI-12.30-2.30) |  |
| 02 | EGG | EE | 02 | 04 | 06 | TH (WED-10.30-12.30)PR (TUE-12.30-2.30)PR (FRI-10.30-12.30) |  |
| 03 | EGG | CE | 02 | 04 | 06 | PR (MON-8.00-9.00)TH (THU-10.30-12.30)PR (SAT-10.30-12.30) |  |
| 04 | EGG | EJ | 02 | 04 | 06 | PR (TUE-10.30-12.30)TH (THU-12.30-2.30)PR (SAT-8-10) |  |
| 04 | WS | ME | -- | 04 | 04 |  (MON-10.30-2.30) |  |
| 05 | WS | CE | -- | 04 | 04 | (WED-10.30-2.30) |  |
| 06 | WS | EJ | -- | 04 | 04 | (FRI-10.30-2.30) |  |
| 07 | ICT | ME | 02 | 04 | 06 | TH (FRI-8-9)TH (SAT-8-9)PR (THU-10.30-12.30)PR (SAT-12.30-2.30) |  |

Dr. S.K.Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator

To, Date: 19/06/2017

The HOD

Computer Engineering Dept.

Subject – Requirement of name of the staff for First semester 2017-18

Respected Sir

With reference to above subject, We require the name of the staff from your dept. for time table of First year

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | WPD | CO | -- | 08 | 08 | PR (MON-12.30-2.30)PR (MON-12.30-2.30)PR (SAT-12.30-2.30)PR (SAT-12.30-2.30) |  |
| 02 | ICT | CO | 02 | 04 | 06 | TH ( WED-8-9)TH (THE 8-9)PR (WED-12.30-2.30)PR (FRI-8-9) |  |

 Dr. S. K. Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator

To, Date: 19/06/2017

The HOD

Computer Technology Dept.

Subject – Requirement of name of the staff for First semester 2017-18

Respected Madam,

With reference to above subject, We require the name of the staff from your dept. for time table of First year.

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | WPD | CM | -- | 08 | 08 | PR (TUE-12.30-2.30)PR (TUE-12.30-2.30)PR (WED-12.30-2.30)PR (WED-12.30-2.30) |  |
| 02 | ICT | CM | 02 | 04 | 06 | TH ( MON-9-10)TH (THU 8-9)PR (TUE-10.30-12.30)PR (THU-12.30-2.30) |  |
| 03 | ICT | CE | 02 | 04 | 06 | TH ( TUE-8-9)TH (FRI 8-9)PR (MON-12.30-2.30)PR (TUE-12.30-2.30) |  |

 Dr. S. K. Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator

To, Date: 19/06/2017

The HOD

Electronics and Telecommunication Dept.

Subject – Requirement of name of the staff for First semester 2017-18

Respected Sir

With reference to above subject, We require the name of the staff from your dept. for time table of First year.

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | ICT | EJ | 02 | 04 | 06 | TH ( WED-8-9)TH (THU 8-9)PR (MON-10.30-12.30)PR (WED-10.30-12.30) |  |

 Dr. S. K. Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator

To, Date: 19/06/2017

The HOD

Electrical Dept.

Subject – Requirement of name of the staff for FIRSTsemester 2017-18

Respected Madam,

With reference to above subject, We require the name of the staff from your dept. for time table of First year.

Thank You

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Subject** | **Branch** | **Load** | **Total Load** | **SLOT/DAY** | **staff** |
| **TH** | **PR** |
| 01 | ICT | EE | 02 | 04 | 06 | TH ( MON-11.30-12.30)TH (WED 8-9)PR (TUE-8-9)PR (THU-12.30-2.30) |  |

 Dr. S. K. Mandavgade Mrs. V.P. Meshram

 Time-Table I/C First Year Coordinator