# **BIRLA INSTITUTE OF TECHNOLOGY**

**Form: CR-3**

## MESRA-835215 (RANCHI) INDIA

**Lecture / Lab classes rearrangement**

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To

**Dean (AP)**

**BIT Mesra**

**Through**: The Head of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** Rearrangement of classes / labs from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir / Madam

This is to bring to your kind notice that my classes will be engaged by the following faculty member during my absence.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Date | Scheduled Class Time | Room No | Name of the scheduled theory / lab class | Name of the class to be taken after rearrangement | Name of the concerned faculty who will engage the class | Name & Signature of approval of the concerned faculty |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

Name and Signature of the faculty

Remarks of HoD Signature of HoD