

J.T.S.S.P.MANDAL
Shri Shiv Chhatrapati College, Junnar (Pune)
Department of Psychology

Report of the Portion

Year 20 -20

Name of the Teacher:

Sr. No.	Name of the Subject paper	Total No of Unit	Units to be covered for terminal	Portion covered for semester, terminal/preliminary Examination			No. of Excess Periods you have taken	No. of Incomplete Units/Sub-Units	Future planning to complete the Incomplete Units/Sub-Units
				Sr. No of Unit	Sr. No of sub-Unit	Actual Topics in the Units/ Sub-Unit as per Syllabus			
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Date: ----- Signature of the Professor: ----- Signature of the Principal: -----

J.T.S.S.P.M.

SHRI SHIV CHHATRAPATI COLLEGE JUNNAR, (PUNE)

NAAC Re-accredited "B+"Grade

TEACHING PLAN FOR THE ACADEMIC YEAR 20 -20

CLASS:

Subject :

Paper:

First Term/ Semester:		Date of Commencement	Date of Conclusion	
Sr. No.	Month	Name of the Topics/ Chapters	No. of lectures allotted	Remark
1.	June			
2.	July			
3.	August			
4.	September			
5.	October			
First Term/ Semester:				
6.	November			
7.	December			
8.	January			
9.	February			
10.	March			
11.	April			
12.	May			

Name & Signature of the Teacher

Name & Signature of the HOD

