Form: CR-3

## BIRLA INSTITUTE OF TECHNOLOGY MESRA-835215 (RANCHI) INDIA

## **Lecture / Lab classes rearrangement**

Date:			_				
То							
Dean (A							
Throug	gh: The H	ead of the De	partment of				
Subjec	t: Rearran	gement of cla	asses / labs fr	om	to		
Dear Si	r / Madam	1					
This is		your kind no	otice that my	classes will be engag	ed by the followi	ng faculty men	nber during my
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	Name & Signature of approval of the concerned
1						the class	faculty
2							
3							
4							
Name a	and Signat	ure of the fac	ulty				
Remarks of HoD						Sign	nature of HoD