To Dt ……….

The Head of the Institution/ Organization, …………………………………………………, ………………….

Sir,

It is my pleasure to inform you that Sri/Smti/Sri/Smt/Dr. …………………………... Assistant/ Associate Professor, Dept. of ……………………………………………., Pub Kamrup College, Baihata Chariali, is hereby assigned to take a class/classes for the students of ……………….. ………… ………. of your Institution/ Organization on …………………. in connection with the Programme of Partnership/ Linkage on Exchange of Faculty /student.

 This is for favour of your kind information and necessary Co-operation.

 Thanking You.

Yours faithfully,

Principal

Pub Kamrup College, Baihata Chariali, Kamrup (Assam)

CLASSES TAKEN BY THE FACULTY OF PUB KAMRUP COLLEGE, BAIHATA CHARIALI, KAMRUP UNDER THE PROGRAMME OF PARTNERSHIP/ LINKAGE ON EXCHANGE OF FACULTY/ STUDENT

NAME OF COLLEGE ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAMEOF THE FACULTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Sl No. | Date | CLASS | No. of Students | DEPARTMENT/ SUBJECT | TIME OF PERIOD | SIGNATURE OF THE FACULTY | Remarks |
| 01. |  |  |  |  | \_\_\_\_to\_\_\_\_\_ |  |  |
| 02. |  |  |  |  | \_\_\_\_to\_\_\_\_\_ |  |  |
| 03. |  |  |  |  | \_\_\_\_to\_\_\_\_\_ |  |  |

SIGNATURE OF THE PRINCIPAL/ H.O.D & SEAL

**STUDENTS’ ATTENDANCE SHEET**

Date:

Venue:

Type/ Name of Programme:

Nature of Programme:

Organized by:

In Collaboration with:

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| Sl. No  | Name | Class/Semester | Subject / Department | Signature  |
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Signature & Seal of the Head of the Institution