

 ACADEMIC LESSON PLAN - 20\_\_\_ -20\_\_\_

COURSE : B.PHARMACY / D.PHARMACY

REGULATION : PCI 2014

YEAR & SEMSETER : \_\_\_ YEAR \_\_\_\_ SEMSETER

SUBJECT :

NAME OF THE FACULTY :

DEPARTMENT :

**THEORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **Name of the Chapter/Topic** | **Prescribed No. of Hours to be taken as per the Syllabus** | **No.of.Hours actual taken by the Faculty** | **Signature of the Faculty** | **Signature of the Principal** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Remarks if Any :

Students Grievances :

Name & Signature of the Subject Teacher:

Signature of the Principal :

PRACTICAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO** | **DATE** | **NAME OF THE EXPERIMENT** | **Signature of the Faculty** | **Signature of the Principal** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |

Remarks if Any :

Students Grievances :

Name & Signature of the Subject Teacher:

Signature of the Principal :