COMMISSIONERATE OF COLLEGIATE EDUCATION, VIJAYAWADA, A.P

P.B.N.COLLEGE, NIDIBROLU, GUNTUR DISTRICT

PROFORMA FOR REMEDIAL COACHING REGISTER

NAME OF THE DEPARTMENT:

S.No.	Name of the Lecturer who has taken the class	Group	Subject/Topic	No. of periods/ hours taken	Slow Learner/ Names of the students attended	Marks obtained in University/ Internal examinations before remedial coaching	Number of classes taken by the Lecturer	Number of classes attended by the student	Marks obtained in University/ Internal examinations after remedial coaching	Percentage of improve ment	Remarks

SIGNATURE OF THE LECTURER

SIGNATURE OF THE IN-CHARGE

PRINCIPAL

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P.B.N. COLLEGE : : NIDUBROLU

Guntur district, A.P.,

Academic Year _____

Department of _____

Year ____ Course _____ Group combination _____ Semester ____

REMEDIAL COACHING PROGRAMME
ATTENDANCE REGISTER

S.No.	Name of the student	Dates										

Signature of the Lecturer

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