INDRAPRASTHA COLLEGE FOR WOMEN UNIVERSITY OF DELHI

I		hereby cert	ify that I have	
taken	_ classes in the month of	(20). The details	
of classes taken is a	ttached herewith vide Annexure-I.			
Date:	Signature of Guest Faculty:			
	Name of Guest Faculty:			
	Department:			
	Contact No.:			
Certified that Dr./Si		Guest		
Faculty has taken _	classes in the month of		(20	
Date:	Signature of TIC:			
	Name:			

FOR OFFICE USE

Dealing Assistant SO (Accounts) AO Bursar Principal

INDRAPRASTHA COLLEGE FOR WOMEN UNIVERSITY OF DELHI

The details of classes taken as under:

S.No.	Date of the Class Taken	No. of Classes	Name of Course/Paper taught	
Total Cl	asses taken:			
Date:			nature of Guest Faculty:	
		Nar	ne of Guest Faculty:	
		Dep	partment:	
	Contact No.:			