

**SWAMI SHRADDHANAND COLLEGE**

**PHYSICAL EDUCATION DEPARTMENT**

**1. Name of Teacher Dr. I M DUTTA**

	8:30-9:30 I	9:30-10:30 II	10:30-11.30 III	11:30-12:30 IV	12:30-1: 30 V	1:30-2:30 VI	2:30-3:30 VII	3:30-4: 30 VIII
MONDAY								
TUESDAY								
WEDNESDAY					GE-III R-231			
THURSDAY					GE-III R-231			
FRIDAY					GE-III R-231			
SATURDAY	PRACTICAL III H SEMESTER-G1 PRACTICAL I H SEMESTER-G2				GE-III R-231			

**2. Name of Teacher Mr. MOHIT RANA**

	8:30-9:30 I	9:30-10:30 II	10:30-11.30 III	11:30-12:30 IV	12:30-1: 30 V	1:30-2:30 VI	2:30-3:30 VII	3:30-4: 30 VIII
MONDAY			GE-I R-231					
TUESDAY			GE-I R-231					
WEDNESDAY			GE-I R-231					
THURSDAY								
FRIDAY								
SATURDAY			GE-I R-231	PRACTICAL I H SEMESTER-G2 PRACTICAL III H SEMESTER-G1				

Signature of Teacher-in-charge-----

Signature of Teacher-----