

**GOVERNMENT OF NCT OF DELHI**  
**BHAI PARMANAND INSTITUTE OF BUSINESS STUDIES**  
OPP. MADHUBAN COLONY, SHAKARPUR EXTN., DELHI-110092.  
Website: [www.bpibs.in](http://www.bpibs.in); Email: [bpibs.delhi@nic.in](mailto:bpibs.delhi@nic.in)  
Phone: 011-22543891, 22017393, 22430067 Fax: 011-22016134, 22430067 (Ext-209,230)

## **ACADEMIC FILE**

NAME OF FACULTY MEMBER :  
  
DEPARTMENT :  
  
SEMESTER :  
  
COURSE CODE :  
  
SEMESTER PERIOD : FROM ..... TO .....

---

### **LIST OF DOCUMENTS:**

1. COPY OF SYLLABUS
  2. TIME TABLE
  3. LESSON/TEACHING PLAN
  4. COPY OF ASSIGNMENTS [IF APPLICABLE]
  5. COPY OF PRACTICALS [IF APPLICABLE]
  6. COPY OF CASE STUDIES [IF APPLICABLE]
  7. STUDENTS' ATTENDANCE
  8. MARKS OF STUDENTS [SESSIONAL- FIRST & SECOND, INTERNAL & EXTERNAL]
-

## COPY OF THE SYLLABUS

## **TIME - TABLE**

## **LESSON/TEACHING PLAN**

DEPARTMENT/BRANCH :

SEMESTER :

SUBJECT :

STUDY SCHEME :

<b>L</b>	<b>T</b>	<b>P</b>

<b>WEEK</b>	<b>TOPICS COVERED</b>
Week-1	
Week-2	
Week-3	
Week-4	
Week-5	
Week-6	
Week-7	
Week-8	
Week-9	
Week-10	
Week-11	
Week-12	
Week-13	

Syllabus for First Sessional Test:      Topics mentioned against Week \_\_\_\_ to Week \_\_\_\_.

Syllabus for Second Sessional Test:      Topics mentioned against Week \_\_\_\_ to Week \_\_\_\_.

**Text Books:**

**Reference Books:**

**Signature of Subject Teacher**

**Signature of Department In-Charge**

## **DETAILS OF ASSIGNMENTS**

<b>Sl. No.</b>	<b>Topic of the Assignment</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

**Signature of Subject Teacher**

## DETAILS OF PRACTICALS

Sl. No.	List of Practical
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

**Signature of Subject Teacher**

## **DETAILS OF CASE STUDIES**

<b>Sl. No.</b>	<b>Topic of Case Study</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

**Signature of Subject Teacher**

## ATTENDANCE OF STUDENTS

Sl. No.	Name of the Student	Roll Number	Total No. of Classes conducted	Total No. of Classes attended	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

**Signature of Subject Teacher**

**Signature of Department In-Charge**

## DETAILS OF MARKS OF THE STUDENTS

Sl. No.	Name of the Student	Roll Number	Sessional –I Out of ____	Sessional- II Out of ____	Internal Out of _____	Total Marks Out of _____
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						

46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

**Signature of Subject Teacher**

**Signature of Department In-Charge**