

Summary of Workload Assessment for the Academic Year _____

Name of the Higher Education Institution:

Sr. No.	Name of the Department	Workload of the Current Academic year		Total workload assigned among the existing Regular Faculty Members		Workload to be assigned		No. of Existing Regular Faculty Members in the Department	No of Contract Basis Faculty Members required		No of Lecture Basis Faculty Members required		Remarks if any
		Odd Sem	Even Sem	Odd Sem	Even Sem	Odd Sem	Even Sem		Odd Sem	Even Sem	Odd Sem	Even Sem	
1													
2													
3													
4													

Seal of the College

Signature of the Principal with Date