

ENGINEERING COLLEGE, AJMER
DEPARTMENT OF CIVIL ENGINEERING

Ref. No.: GECA/CE/2021/2487

DATE: 22/01/2021

VII SEMESTER

SESSION: 2020-21

Optional Offline classes TIME - TABLE

W.E.F.: 22/01/2021

DAY	Batch	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00
MONDAY	Batch-I Roll Number 17CE01 to 17CE42		PT AS NB-12	TE NS NB-12	L B U R N E C A H K	QM DC NB-12	RMT LAB (NS)	
TUESDAY		EMD LAB (MM)		TE NS NB-12		QM DC NB-12	SS LAB (SS)	
WEDNESDAY		PPE LAB (SH)		TE NS NB-12		QM DC NB-12	SEMINAR (MM)	
THURSDAY	Batch-II Roll Number 17CE42 Onwards and LEEP Year Students		PT AS NB-12	TE NS NB-12	L B U R N E C A H K	QM DC NB-12	RMT LAB (NS)	
FRIDAY		EMD LAB (MM)		TE NS NB-12		QM DC NB-12	SS LAB (SS)	
SATURDAY		PPE LAB (SH)		TE NS NB-12		QM DC NB-12	SEMINAR (MM)	

Note: 1. All the students and Faculties must follow the COVID - 19 pandemic guidelines of Government.

2. All the students and Faculties must wear mask and follow social distancing during the class.

3. All the students have to submit the consent letter duly signed by their parent/guardian prior to starting of offline class.

TIME TABLE COORDINATOR (DEPTT.)

TIME TABLE CO-COORDINATOR/S (DEPTT.)

HOD (CIVIL)

COPY TO (Through Website) :-

1. PRINCIPAL FOR KIND INFORMATION
2. COORDINATOR (U. G.)
3. FACULTY AND STAFF CIRCULATION
4. HOD (Mechanical)
- 5 NOTICE BOARD/GUARD FILE

Faculty

1. MM: Mr. Mahesh Manwani
2. SS: Dr. Sankalp
3. SH: Mr. Shivam Chouhan
4. NS: Mr. Nishant Singh
5. NC: Mr. Naveen Choudhary
6. AS: Mr. Anurag Singh
7. DC: Dr. Devendra Choudhary

To,

The Head of Department

_____ (Name of Department)

Engineering College, Ajmer

Subject : - Consent for attending the college in offline mode.

Respected Sir/Madam,

I, _____ parent/guardian
of _____ (student name)
of _____ (branch) College No. _____, am willing to
send my ward to college for attending offline classes.

I hereby declare that my ward is not suffering from COVID-19 and
is neither showing any related symptoms. I take full responsibility
of the good health of my ward and will ensure all necessary safety
precautions.

Please consider this as my consent for the same.

Yours sincerely,

Signature:

Name:

Relation with student :

Date :

