**BHAILALBHAI & BHIKHABHAI INSTITUTE OF TECHNOLOGY, V.V.NAGAR (performa C-10)**

**WEEKLY REPORT OF MGSM COORDINATOR**

**(To be submitted to HOD)**

**Date:-**

**To,**

**THE HEAD OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPARTMENT,**

|  |  |  |  |
| --- | --- | --- | --- |
| **SR.****NO.** | **NAME OF THE PLACE** **(Class Room No., Laboratory, Lobby etc.)** | **CLEANINESS OBSRVED** | **REMARKS, IF ANY** |
|  |  | **Good/Satisfactory/ Not Acceptable** |  |
|  |  | **Good/Satisfactory/ Not Acceptable** |  |
|  |  | **Good/Satisfactory/ Not Acceptable** |  |
|  |  | **Good/Satisfactory/ Not Acceptable** |  |
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|  |  | **Good/Satisfactory/ Not Acceptable** |  |
|  |  | **Good/Satisfactory/ Not Acceptable** |  |

**(SIGNATURE OF MGSM COORDINATOR, WITH DATE)**

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| --- | --- |
| Note : | In case of Cleanliness found not-acceptable at any stage, please bring it to the notice of HOD immediately. |