



# Student's



# Self Study Record

**Session: 2019-20**

w.e.f. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Student Name** : \_\_\_\_\_

**Class** : \_\_\_\_\_

**School** : \_\_\_\_\_

# STUDENT'S SELF STUDY RECORD

Self Study Record (Date, Subject, Topic, Start Time and End Time to be entered by student)							Signature of ABHYAS invigilator	Remarks
Date	Subject	Topic studied	Start Time	Signature of Parent	End Time	Signature of Parent		
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			
__/__/__			__:__		__:__			

- Note:**
1. Date, Subject, Topic, Start Time and End Time detail shall be entered by student.
  2. Parents are requested to sign after discussion with your ward.