

### WORK LOAD PERFORMA

(To be filled and submitted by the Head of the Institute/Dept, before the Commencement of semester)

1. Name of the Department	
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S.No	Name of the Program	No of courses semester wise										No. of Teachers Engaged	
		1 <sup>st</sup>	2nd	3rd	4th	5th	6th	7th	8 <sup>th</sup>	9th	10th	Regular	Visiting
1.													
Total													

S.No	Name of Teacher	Name of Course assigned		Weight-age in credit hours	Please (√) in appropriate column		Credit Hours Allotted
		Course	Semester		Regular	Visiting	
1.		a.					
		b.					
		c.					
2.		a.					
		b.					
		c.					
3.		a.					
		b.					
		c.					

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*Please add rows if required*

*Justification in case of hiring visiting faculty*

Signature of Head of the Department.

Date of Submission