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| [आपकी अभ्यास योजना का शीर्षक] | [दिनांक] |

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| |  |  |  | | --- | --- | --- | | विषय |  | ओवरव्यू | | |  | | --- | | [पाठ्यक्रम विषय] | | इनके द्वारा तैयार | | [प्रशिक्षक का नाम] | | ग्रेड स्तर | | [00] | |  |  |  |  |  | शिक्षक मार्गदर्शिका |  | विद्यार्थी मार्गदर्शिका | | --- | --- | --- | --- | --- | | उद्देश्य |  |  |  |  | | जानकारी |  |  |  |  | | सत्यापन |  |  |  |  | | गतिविधि |  |  |  |  | | सारांश |  |  |  |  | |  | |  | | --- | |  | | आवश्यक सामग्री | | अतिरिक्त संसाधन | | अतिरिक्त नोट्स | |