|  |
| --- |
| Student |
| StudentID |
| FirstName  LastName  Gender  DOB  PlaceofBirth  CurrentAddress  PermanentAddress |

|  |
| --- |
| Email |
| StudentID |
| TypeOfEmail  Email |

|  |
| --- |
| PhoneNumber |
| StudentID |
| TypeOfNumber  PhoneNumber |

|  |
| --- |
| StudentCourseInstructors |
| InstructorID  CourseID  StudentID |
| Start Date  End Date  Location  GradeOfStudent |

|  |
| --- |
| Course |
| CourseID |
| CourseName  Subject  Department  Duration |

|  |
| --- |
| Instructor |
| InstructorID |
| FirstName  LastName  Gender  DOB  HighestQualification  Specialization  Experience |

|  |
| --- |
| PhoneNumber |
| InstructorID |
| TypeofNumber  PhoneNumber |

|  |
| --- |
| Email |
| InstructorID |
| TypeOfEmail  Email |