

Few Weeks REVISION



No of weeks left: Insert here

No of days left: Insert here

No of topics: Insert here

	Easy	Medium	Hard
Topics	<ul style="list-style-type: none">● Insert here	<ul style="list-style-type: none">● Insert here	<ul style="list-style-type: none">● Insert here

Ultimate Plan				
Day Number	No of hours	Topic(s)	Level	Completed ?
Day 1	-	<u>Insert here</u>	-	<input type="checkbox"/>
Day 2				<input type="checkbox"/>
Day 3				<input type="checkbox"/>
Day 4				<input type="checkbox"/>
Day 5				<input type="checkbox"/>
Day 6				<input type="checkbox"/>
Day 7				<input type="checkbox"/>
Day 8				<input type="checkbox"/>
Day 9				<input type="checkbox"/>
Day 10				<input type="checkbox"/>
Day 11				<input type="checkbox"/>
Day 12				<input type="checkbox"/>
Day 13				<input type="checkbox"/>
Day 14				<input type="checkbox"/>
Day 15				<input type="checkbox"/>

Day 16				<input type="checkbox"/>
Day 17				<input type="checkbox"/>
Day 18				<input type="checkbox"/>
Day 19				<input type="checkbox"/>
Day 20				<input type="checkbox"/>
Day 21				<input type="checkbox"/>
Day 22				<input type="checkbox"/>
Day 23				<input type="checkbox"/>
Day 24				<input type="checkbox"/>
Day 25				<input type="checkbox"/>
Day 26				<input type="checkbox"/>
Day 27				<input type="checkbox"/>
Day 28				<input type="checkbox"/>
Day 29				<input type="checkbox"/>
Day 30				<input type="checkbox"/>