

### EXAM DUTY ALTERATION FORMAT

(Applicable for both Semester End Theory & Semester End Practical Examinations)

<b>Name of the examination</b>	SEE – Nov./Dec. _____ ; SEE – April / May _____ (Pl. strike out whichever is not applicable)											
<b>Date of Examination / Date of invigilation duty</b>	D	D	M	M	Y	Y	Y	Y	<b>Session</b>	F.N. / A.N. / Both		
<b>Name of the lab (in case of practical)</b>												
<b>Name of the faculty &amp; Signature</b>									<b>Sign:</b>	<b>Dept.</b>		
<b>Mobile No.</b>												
<b>Reason for alteration</b>												
<b>Name &amp; Sign of the faculty altered with</b>									<b>Sign:</b>	<b>Dept.</b>		
<b>Mobile No.</b>												

**Note :** Alteration of duty will be accepted **only** if the format is submitted **BEFORE TWO DAYS** from the date of duty.  
<sup>\$\$</sup>HOD of the faculty making the alteration.

**Dept. Coordinator**

**HOD<sup>\$\$</sup>**

**Chief Superintendent**

**Date of submission to C.S.:** DD-MM-YYYY

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