



JEPPIAAR INSTITUTE OF TECHNOLOGY

(An Autonomous Institution)

Self-Belief | Self Discipline | Self Respect



Kunnam, Sunguvarchatram, Sriperumbudur-631604

EXAM DUTY ALTERATION FORMAT

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

Name of the examination	SEE – Nov./Dec. _____ ; SEE – April / May _____										
Date of Examination / Date of invigilation duty	D	D	M	M	Y	Y	Y	Y	Session	F.N. / A.N. / Both	
Name of the lab (in case of practical)											
Name of the faculty & Signature	Sign:							Dept.			
Mobile No.											
Reason for alteration											
Name & Sign of the faculty altered with	Sign:							Dept.			
Mobile No.											

Note : Alteration of duty will be accepted only if the format is submitted BEFORE TWO DAYS from the date of duty.
HOD of the faculty making the alteration.

Dept. Coordinator

HOD

Chief Superintendent

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



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