



# J.N.N INSTITUTE OF ENGINEERING AUTONOMOUS

NAAC 'A' Grade | Approved by AICTE | Affiliated to Anna University

## EXAM DUTY ALTERATION FORMAT

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

Name of the examination	SEE – Nov./Dec. _____ ; SEE – April / May _____ (Pl. strike out whichever is not applicable)									
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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