

REQUEST FOR ALTERNATE ARRANGEMENT FOR INVIGILATION WORK

From: Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Department : \_\_\_\_\_

To: The Dean (Examinations),  
 MCE,  
 Hassan - 573 202

Sir, I request you permission for the alternate arrangement made by me for the invigilation work of \_\_\_\_\_ 20 \_\_\_\_ Examinations.

Details of allotted work as per the order and alternate arrangements are made as follows:

Sl. No.	Allotted Date	Session	Name of the Faculty (Alternate)	Signature
01				
02				
03				
04				
05				

(Note: Number of days of mandatory invigilation work is three without remuneration.)

Date: \_\_\_\_\_ Signature of the Faculty  
 \_\_\_\_\_  
 (For office use only)

Recommendation:

Signature of the **principal**

Permitted / Not Permitted

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