



MA'DIN POLYTECHNIC COLLEGE

MELMURI.P.O, MALAPPURAM

FORM FOR DUTY ARRANGEMENT- SERIES/MODEL/DIPLOMA EXAMINATIONS

NAME OF THE STAFF:.....

DATE:.....

DESIGNATION:.....

SECTION:.....

DATE OF LEAVE: From.....To.....

NUMBER OF DAYS:.....

REASON FOR LEAVE:.....

DUTY ARRANGEMENTS

SL NO.	DATE OF EXAMINATION	TIME	EXAMINATION HALL	DUTY ARRANGEMENTS	SIGNATURE OF CONCERNED STAFF WITH SEAL

Name & Signature of the staff :.....

Name & Signature of the HOS concerned:.....

Remarks:.....

Name & Signature of the controller of examination /Deputy chief:.....

Remarks:.....

Signature of the principal:.....

Remarks:.....