ON-DUTY APPLICATION FORM (TEACHING)

Name		
Employee ID		
Designation		
Department		
Shift		
Date		
Reason		
Work adjustment		
Remarks of HoD	(Approved / Not Approved)	
C. CC	II D	D
Staff	HoD	Principal
PARTIC	ULARS FOR THE INFORMATION OF I	IQAC
		<u></u>
Role (Please tick one):		
Participation/Presen	tation/Resource Person/Examiner/Subject Expert/	
Others (Specify)		
Event (Please tick one)	:	
Conference / Board	of Studies / Guest lecture programme / Extension ac	tivity/
Others (Specify)		
Enclosures:		

Staff Signature