MALNAD COLLEGE OF ENGINEERING, HASSAN
(As Autonomous institution affiliated to VTU)

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
1.				
2.				
3.				
4.				
5.				

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

Date: Signature of Faculty

(For office use only)

Recommendation:

Signature of the Principal

Permitted / Not Permitted

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