



**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**Exam Duty Alter / Interchange Form**

**Date:**

**Name of the Faculty** :

**Department** :

**Date & Session of Duty** :

**Requisition** : **Alteration** ☐ **Interchange** ☐

**Reason** :

**For Altering**

|                     |  |
|---------------------|--|
| Name of the Faculty |  |
| Department          |  |
| Date & Session      |  |

**For Interchange**

|                            |  |
|----------------------------|--|
| Name of the Faculty        |  |
| Department                 |  |
| Actual Date & Session      |  |
| Interchange Date & Session |  |

**Requested Faculty**

Faculty Signature :

HoD Signature :

**Accepted Faculty**

Faculty Signature :

HoD Signature :