

**GOVERNMENT POLYTECHNIC COLLEGE, PALA**  
**EXAM INVIGILATION DUTY EXCHANGE FORM**

I request permission to exchange my invigilation duty with the staff member mentioned below.

| Date of Exam | DAY | Session<br>(FN/AN) | Name & Designation of Staff<br>member<br>(Original Duty) | Name & Designation of<br>SubstituteStaff member<br>(Substitute Duty) |
|--------------|-----|--------------------|----------------------------------------------------------|----------------------------------------------------------------------|
|              |     |                    |                                                          |                                                                      |

Reason for Exchange: \_\_\_\_\_

We mutually agree to the above exchange of invigilation duties, subject to the approval of the Principal.

|                                                         |  |        |
|---------------------------------------------------------|--|--------|
| Name & Signature of Staff member1:<br>(Original Duty)   |  | Date : |
| Name & Signature of Staff member 2<br>(Substitute Duty) |  | Date:  |

☐ Approved ☐ Not Approved

Signature of Principal / Chief Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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| Name & Signature of Staff member1:<br>(Original Duty)   |  | Date : |
| Name & Signature ofStaff member 2:<br>(Substitute Duty) |  | Date:  |

☐ Approved ☐ Not Approved

Signature of Principal / Chief Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_