



**SHARDA**  
**UNIVERSITY**  
AGRA

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## OFFICE OF CONTROLLER OF EXAMINATION

### EXAM DUTY ALTERATION FORM

Name of the Faculty	
Designation	
Department	
School	
Mobile Number	

### ALTERATION DETAILS

EXAMINATION DETAILS: ☐ THEORY ☐ PRACTICAL

S. No	Date	Session (FN/AN)	Name of the Alternate Faculty	Dept. & School	Mobile Number	Signature

### Reason for Alteration Request

☐ Medical Emergency ☐ Personal Reason ☐ Official Commitment

(Attach relevant proof if applicable)

### Declaration

I hereby declare that the above information is true to the best of my knowledge. I understand that this alteration will be valid only after approval by the Controller of Examinations.

**Signature of Faculty Requesting Alteration** \_\_\_\_\_

### Note:

- Alteration of duty will be accepted only if the format is submitted **BEFORE TWO DAYS** from the date of duty.
- Applicable for Continuous Assessment, Mid-Semester, and End-Semester Examinations. Only three alterations are allowed per examination. Any additional alterations are subject to approval.

### FOR OFFICE USE

**Date of Receipt of Application:**

Recommendation By Dy. CoE: ☐ **Recommended** ☐ **Not Recommended**

**Signature of the Dy. CoE:**

**CONTROLLER OF EXAMINATION**