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|  | **JAMAL MOHAMED COLLEGE** (Autonomous) **TIRUCHIRAPPALLI - 620 020** **OFFICE OF THE CONTROLLER OF EXAMINATIONS****COE/ES/2024-2025**  |

**Date:**

**DUTY ADJUSTMENT FORM**

**Name of the Staff :**
**Department :**

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| **S. No** | **DATE** | **SESSION** | **SUBSTITUTE STAFF NAME** |
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**Signature of Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Substitute Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Department**