## **GOVERNMENT POLYTECHNIC COLLEGE, ATTINGAL**

(REQUISITION FORM FOR CONDUCTING EXTRA CLASSES (in triplicate)

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11  Faculty  Designation  :    Signature  :		Supporting Staff		•		
Signature  :    Name  :	11	Faculty	Name	:		
Name :			Designation	:		
12 HOD Name :			Signature	:		
	12	HOD	Name	:		
Signature :			Signature	:		

Note to : Watchman:

Permission granted : Take necessary arrangements to open the above mentioned hall for the given hours.

Signature of the Principal

Certified that the classes have been Conducted at hall No.....on......from

Name and Signature of HOD

Note:- \* This permission statement to be submitted along with the Compensation Leave application

Copy to:

- 1. Faculty concerned \*
- 2. Establishment Section(E)

То