FORMAT FOR DUTY REPORT ON LAST WORKING DAY / FIRST WORKING DAY OF THE SESSION JUNE / NOVEMBER 20\_\_\_.

**Name of the Department: -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **S. No** | **Name of the faculty** | **Signature of the Duty Reported Faculty** | **Reasons for not reporting** **(in case)** | **Remarks of the Head / Head (I/c) / Coordinator of the Department** |
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**Signature of the HOD**

**To**

**The Registrar,**

**CUTN.**