

## CLASS/CLINICAL DUTY REPLACEMENT PROFORMA

Date: \_\_\_\_\_

Department	Subjects/ Responsibility	Date	Timing	Reliever	Signature

\_\_\_\_\_  
Initiator Name & Signature

\_\_\_\_\_  
Principal/Head Name & Signature

Cc:

- Director campus
- Concerned Principal/Head
- Relievers
- To be attached with leave form after codal formalities

