



श्री माता वैष्णो देवी विश्वविद्यालय
Shri Mata Vaishno Devi University, Katra
Sub Post Office, SMVD University, Katra – 182 320(J&K)

No.

Dated:

NOTIFICATION

It is hereby notified that the following arrangement of class/es have been made in connection with Dr. / Mr. / Mrs. / Ms. /Ar., Professor / Associate Professor / Assistant Professor **School of** , availing.....leave w.e.f till

The alternate arrangement of class/es / Labs of Dr. / Mr. / Mrs. / Ms. /Ar., Professor / Associate Professor / Assistant Professor in **School of** is notified as under :

S.No.	Name & Designation of the Substitute Faculty	Course & Semester	Subject Name & Code	Date & Time Slot
1.				

Dr. / Mr. / Mrs. / Ms. /Ar., Professor / Associate Professor / Assistant Professor in **School of** shall upon his return compensate the loss of class work by taking additional classes as below :

S.No.	Course & Semester	Subject Name & Code	Adjustment Date & Time Slot
1.			

The alternate Administrative Arrangement of Dr. / Mr. / Mrs. / Ms. /Ar., Professor / Associate Professor / Assistant Professor in **School of** is as under :

S.No.	Name of the Substitute Faculty	Details of Duty	Period
1.			

Signature:.....
Name & Designation
Head, School of

Copy To:

1. Associate Dean (AA), for information,
2. Dean of Faculty concerned, for information.
3. Notice Board of the School concerned.
4. I/c Website for uploading on University Website.
5. AR (E) for records.