



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

No.

Dated:

To,

The Registrar
SMVD University

Sub:- Rejoining duties and certificate of classes taken by the substitute faculty during absence.

Sir,

Kindly accept my joining today on [F/N] after availing leave w.e.f till

It is certified that the following Faculty member[s] had engaged the classes during my absence as per the notification no. SMVDU/..... dated.....;

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

It is further certified that the following faculty member has handled the administrative duties assigned to me during my absence:

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

Signature:.....

Name :

Designation

School of

Forwarded to Head School of

Certified that the classes were engaged as per the arrangement notified vide no. SMVDU/

dated:

Signature:.....

Name :

Head of School of