

GURU NANAK DEV UNIVERSITY, AMRITSAR

Application for permission to leave the Examination Centre

To be submitted to

No: _____

The Deputy Registrar (Conduct)
Guru Nanak Dev University,
Amritsar

Date: _____

1. Name of The Superintendent/Observer _____
2. Name of Examination (Session) _____
3. Name of the Centre
(Centre No/ Name) _____
4. Days/Date on which leave is required _____
5. Reason for Leave

6. Person recommended to act
Superintendent/Observer
(He/She should have more than 3 years
of teaching experience)

Name:	_____
Designation:	_____
Age:	_____ Experience: _____
Address:	_____

Dated: _____

Signature of the Applicant

Remarks by the Principal (Parent College)

Signature of the Principal (Parent College)

Remarks by the local Controller of Examination Centre:

Signature of the Principal/Controller of Examination