

INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
JADAVPUR, KOLKATA – 700032

Shifting Duty Declaration Form

Shifting duty details for

Month:	Year:
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EMPLOYEE ID:

EMPLOYEE NAME:

SCHOOL/DEPARTMENT:

Shifting Duty Timing Details *:

[*Additional sheet may be attached by putting in the details with signature.]

From Date	To Date	Time From (hh:mm)	Time To (hh:mm)

The information given above is true and complete. I shall not be eligible to claim any shifting duty during this month.

<u>Signature of the Employee</u> with date	<u>Signature of the School</u> Chair/HOD with date	<u>Signature of the Registrar</u> with date