


FORM TO BE FILLED BY UNIVERSITY WEEKLY DUTY OFFICER ON COMPLETION OF DUTIES

I, _____ (Designation), _____ (School /Institution) was the University Weekly Duty Officer for the period _____ to _____. During the course of my duties, I have checked the following, as instructed by the Hon'ble Vice Chancellor:

S.NO	DUTY	DATE	TIME	REMARKS
1	STUDENTS' MESS (quality of food, Cleanliness, Proper Storage & Disposal etc.)			
2				
3				
4				
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11				
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16				
17				
18				
19				
20				
S.NO.	CLASS & ROOM NO.	DATE	TIME	REMARKS
1				
2				
3				
4				
5				
S.NO.	SPECIAL TASK BY ORDER OF THE VICE CHANCELLOR	DATE	TIME	REMARKS
1				
2				
3				


 Registrar
 Amity University Medhya Pradesh
 Gwalior