

VISHWAKARMA GOVERNMENT ENGINEERING COLLEGE, CHANDKHEDA

APPLICATION FOR OD/DL

1. Name of Faculty/Staff:
2. Department:
3. Duration for OD/DL: From _____ To _____; No of Days: _____
4. (If only for a meeting) Mention Time: From _____ To _____; Place _____
5. Reason (Attach related Order/Document):

Date:

Signature of Faculty/ Staff
(Name)

Recommendation of HOD:

1. Comment on why is it required:

2. Alternate arrangement taken on department file?: Yes / No

Recommended/ Not Recommended

Signature of HOD
(Name)

Approved/Not Approved

Signature of Principal