DON BOSCO COLLEGE (CO-ED)

GUEZOU NAGAR, ATHANAVUR, YELAGIRI HILLS – 635 853

ON-DUTY (OD) REQUEST FORM

1. Programme / Event Details

1.1 Name of the Programme/Event: _____

1.2 Type of Programme:

☐ Intercollegiate Competition ☐ Seminar / Conference

☐ Workshop / Training ☐ Camp

☐ Sports / Cultural Event ☐ NSS / NCC Activity

☐ Other: _____

1.3 Organised by: _____

1.4 Venue: _____

1.5 Date(s) of Programme: From _____ To _____

2. OD Period

3.1 Date(s) for which OD is requested: From ____ / ____ / _____ to ____ / ____ / _____

3.2 Number of Working Days / Sessions: _____

3. Student Details

S. No.	Register No.	Name of the Student	Class / Semester	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Number of Students: _____

4. Faculty In-Charge

4.1 Name: _____

4.2 Designation: _____

4.3 Contact No.: _____

4.4 Mode of Travel: _____

5. Documents Attached

☐ Invitation / Programme Letter

☐ Other: _____

6. Declaration

I hereby request that **On-Duty (OD) permission** may kindly be granted to the above-mentioned students for attending/participating in the programme. The students will be responsible for completing the academic requirements missed during the OD period.

Faculty In-Charge
Name & Signature: _____
Date: _____

Class Teacher / Mentor
Name & Signature: _____
Date: _____

Head of the Department
Signature: _____
Date: _____

Secretary **Vice-Principal** **Principal**

Date: _____