**Maharaja’s College, Ernakulam**

O.D.LEAVE FORM- EXAMINATION

Date:

Name of the Faculty :

Designation :

Department :

OD leave required for :

Please sanction OD leave for the participation/ as resource person for the following program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the event/activities/programme | Name of the institution or organization | Role | OD required for(from-to) | Cumulative number of OD taken during the year |
|  |  |  |  |  |
|  |  |  |  |  |

Faculty: HOD Principal

(Note: This format to be submitted prior to availing the OD)

Date on which duty certificate is submitted :

Faculty: HOD Principal