

## ON DUTY ATTENDANCE FORM

### Student(s) Particulars

No. of Student(s) :

Name of the Student(s) :

Department :

Authorized signature :

Department seal :

### Details of the Host Institution / Organisation

Name of the Host Institution :	
Name of the Event	
Date of the Event	
Absentees' Name	
Authorized sign & Seal of the Host Institution/ Organisation	

## ON DUTY REQUEST FORM

### Personal Details:

Department :  
Name of the Student(s) :  
Reg. Number(s) :  
Year/Branch :  
Date of OD requested :

### Purpose:

Event Name :  
Venue :  
Period of On Duty : From \_\_\_\_\_ To \_\_\_\_\_  
No. of Days :  
No. of OD availed so far :  
(with student name)

(The Students can avail Maximum of 3 days of On-duty which can also be availed as 6 half days per semester. In certain cases, Special OD will be given with HoD's approval)

### Undertaking

I hereby provide an undertake that I will maintain the minimum attendance requirement prescribed by the university.

Signature of the Student(s)

**Co-ordinator**

**Mentor**

**Class Advisor**

**Course Co-ordinator**