



ANNA UNIVERSITY REGIONAL CAMPUS COIMBATORE

APPLICATION FOR ON DUTY

Student Details

Name
Register No
Department
Date of OD Requested
Date of Sanction

Purpose

OD for what Purpose
Authority Sanctioning the OD
No. of OD Full days / Half Days Availed so far
No. of OD Days required

Full Half

Undertaking

I hereby agree that the ON Duty availed will be considered only if the overall attendance is above 75% .

Signature of the Student

Date

Signature of Sanctioning Authority

Signature of HOD

Signature of Dean