

APPLICATION FOR ON OFFICIAL DUTY (OOD)



Dr. S.R. CHANDRASEKHAR INSTITUTE OF SPEECH AND HEARING (A Project of Lions Club of Bangalore East)



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Appl. No.:.....

Name..... ID No.....

No. of days required..... From..... To.....

Reason.....

Granted / Not Granted..... Date.....

Routine / pending work Assigned to..... Signature.....

Vehicle Required / Not Required..... HOD..... Principal.....

| | |
|-------------------------|----------------------------|
| For Office Use : | Entered : |
| Date.....Days..... | Time out..... Time in..... |
| Administrator..... | |