

# AmritaVishwa Vidyapeetham

School of Engineering, Kasavanahalli, Carmelaram P.O., Bengaluru – 560 035

## On Duty Request Form

Date : .....

Name	
Department	
Places to Visit	
Purpose of Visit	
Date & Time of Visit	

.....  
**Signature of the Applicant**

.....  
**Associate Dean**

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