## Amrita School of Engineering Kasavanahalli, Carmelaram Post, Bangalore - 560 035

## STUDENTS' "ON DUTY LEAVE" REQUEST FORM

Name of the Student:	<b>Details of 'OD' leave</b>	Details of 'OD' leave	
	Purpose for which 'ODI	L' required :	
Regn. No. :			
	No. of days 'ODL' requi	red:	
Sem. / Branch / Sec.:	Dates on which 'ODL' re	Dates on which 'ODL' required :	
	No. of days of 'ODL' ava	ailed during the sem. :	
CGPA:	Purpose for which it was	Purpose for which it was availed:	
	•••••	•••••••••••••••••••••••••••••••••••••••	
	Recommended / Not Recommended	Sanctioned / Not Sanctioned	
Signature of the concerned Head (Cultural / Technical / Phy. Edu.)	Signature of Department Chair	Signature of Associate Dean	
* After taking approval from Associate proceeding on 'On Duty Leave'.	e Dean, student should submit this form t	o the Class Advisor before	