

INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous) Dundigal - 500 043, Hyderabad

Application for Leave on Duty (OD)

1	Name of the Applicant			:						
2	Employee ID				:					
3	Designation				:					
4	Department				:					
5	Type of leave				:	ON DU	JTY	(OD)		
6	No. of Days Required				:					
9	Period				:	From			То	
10	Assigned Office Work				:					•
11	Place to Visit				:					
12	12 Work Assigned by									
13 Class Work Adjustment:										
Dot	to	Period	Class, Branch	Alternativ	e A	rrangem	ent	Cionatur		Date of
Date		Number	and Section	Emp. ID		Name		Signature		Compensation
Date:										
Signature of the Applicant										
Forwarding Remarks										
Permitted / Not permitted										
Comments if any:										
									c	Samotuno of HOD
									Signature of HOD	
Approved / Not Approved										
Comments if any: PRINCIPAL										