

INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal - 500 043, Hyderabad

Application for Leave On Duty (OD)

1	Na	me 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	0 Assigned Office Work								1	•	
11	Place to Visit										
12	Work Assigned by				:						
13 Class Work Adjustment:											
Da	ate			_		native		Signatur	re	Date of	
		Number	Branch and		ng	ement Name				Compensation	
			Section	Emp. ID		Name					
					1				L		
Dat	e:										
Signature of the Applicant											
Forwarding Remarks											
Permitted / Not permitted											
Comments if any:											
								Si	gnature of HOD		
Approved / Not Approved											
Approved / Not Approved											
Comments if any: PRINCIPAL											