

BISHOP MOORE COLLEGE, MAVELIKARA

OD LEAVE FORM (Examination)

Name of the faculty :

Date :

Designation :

Department :

OD leave required for :

Please sanction OD leave for the examination duty as per the details given below.

Name of the examination	Name of the Institution/ University	Details of the duty	OD required for (from-to)

Faculty

HOD

Principal

(This format to be submitted prior availing the OD and duty and the duplicate copy)

Date on which duty certificate is submitted :

Faculty

HOD

Principal