

BISHOP MOORE COLLEGE, MAVELIKARA

OD LEAVE FORM (Non - Examination)

Name of the faculty :

Date :

Designation :

Department :

OD leave required for :

Please sanction OD leave for the participation / as resource person for the following program.

Name of the event/ activities/ program	Name of the Institution/ Organization	Role	OD required for (from-to)	Cumulative number of OD taken during the year

Faculty

HOD

Principal

(Note: This format is to be submitted prior to availing the OD)

Date on which duty certificate is submitted :

Faculty

HOD

Principal