

**GOVERNMENT ENGINEERING COLLEGE, VALSAD**

**APPLICATION FOR OD/DL**

1. Name of Faculty/Staff:
2. Department:
3. Duration for OD/DL: From \_\_\_\_\_ To \_\_\_\_\_; No of Days: \_\_\_\_\_
4. (If only for a meeting)Mention Time: From \_\_\_\_\_ To \_\_\_\_\_; Place \_\_\_\_\_
5. Reason (Attach related Order/Document):

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Date:

Signature of Faculty/ Staff

(Name)

**Recommendation of HOD:**

1. Comment on why is it required:  
\_\_\_\_\_
2. Alternate arrangement taken on department file?: Yes / No

Recommended/ Not Recommended

Signature of HOD

(Name)

Approved/Not Approved

Signature of Principal