

**Sri. C. Achuthamenon Govt. College, Thrissur**

**DL LEAVE FORM - NON EXAMINTION**

Date : .....

Name of the Faculty :

Designation :

Department :

DL leave required for :

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

Name of the event/ Activies / program	Name of the institution organization	Role	DL required for (from - to)	Cumulative number of DL taken during the year

Faculty :

HOD

Principal

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

Date on which duty certificate is submitted:

Faculty :

HOD

Principal