



**ANNA UNIVERSITY  
CHENNAI – 600 025**

**APPLICATION FOR ON DUTY**

**Student Details**

Name :

Register No :

Department :

Date of OD Requested :

Date of Sanction :

**Purpose**

OD for what Purpose :

Authority Sanctioning the OD.

No. of OD Full days/Half Days Availed so far :

No. of OD Days required :

Full

Half

(The students can avail of no more than 4 full days of On Duty which can also be availed as 8 half days per semester).

**Undertaking**

I hereby agree that the ON Duty availed will be considered only if the overall attendance % falls less than 75%, but above 65%.

Signature of the Student

Date

Signature of Sanctioning Authority

Signature of HOD

Signature of Dean