eGOVERNANCE CELL

DIRECTORATE OF TECHNICAL EDUCATION, CHENNAI 600 025

ON DUTY SUBMISSION

eFORM3

Institution Code	Institution Name	Serial No.: (Filled by Office)	
210	**CIT SANDWICH POLYTECHNIC COLLEGE COIMBATORE – 641 014**		
Branch Code	Branch	Semester	FT/PT/SW

S. No.	Branch Code	Branch	Sem.	Reg.No.	Name of the Students	Purpose

DETAILS OF LEAVE TAKEN ON ONDUTY/COMPENSATORY

FROM	TO	No. of days	Total No. of Hours

Reason for ON DUTY

Reason for Compensatory hours

Place	Date	Signature of the Student

FOR INSTITUTION USE

* Certified that the above mentioned period has been accounted for working hours and the same has been effected in the e-Attendance entries.
* On Duty letter duly signed by the respective staff is received from the student/s (Copy to be enclosed) and is maintained for future verification.

Signature of the Staff i/c (OD) with Date	Signature of the Tutor with Date	Signature of the H.O.D. with Date	Signature of the Principal with seal & Date