



G L BAJAJ GROUP OF INSTITUTIONS
MATHURA (UTTAR PRADESH)

PERFORMA FOR OD (Out Gate Duty)

Date _____

Name of Employee _____ Deptt _____

Designation _____

Date of Duty _____ Timings _____ to _____

Venue of Duty _____

Purpose _____

Signature of Applicant	Recommended By
	Name _____
	Designation _____
	Signature _____

Approved By
Remarks _____

Date : ___/___/___ (Approving Authority)



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