

PRIOR APPROVAL FOR WORK DURING WEEK – ENDS AND PUBLIC HOLIDAYS

1. Name of the officer : -----
2. Designation : -----
3. Date/ Dates work to be done : -----
4. Description of work to be done : -----

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5. Whether worked during the days preceding the week-end/holiday

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Date

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Signature

Recommendation of Section Head / Registrar

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Date

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Signature of Officer Recommending

Approval of the Vice Chancellor

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Date

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Vice Chancellor