

ODA FORM

Date : -----

The Director & Sr. Professor
International Institute for Population Sciences
Deonar, Mumbai 400 088

Sir,

As I am required to attend outdoor official work at -----(place)
in connection with -----.

I am pleased be allowed to attend/leave the office at -----a.m/p.m. on----/----/-----

Thanking you

Yours faithfully

Sign -----

Name -----

Div / Dept.-----

Recommended

Signature of the Concerned Officer

Signature of the Registrar

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