

APPLICATION FOR GRANT OF PERMISSION TO ATTEND SEMINAR/ CONFERENCE/ WORKSHOP/ EXAMINATION/SPOT VALUATION

From Nan					To		
Des	Designation :				The Director IIPE-Visakhapatnam		
Dep	partment :						
Sir,		TI	HROUGH P	ROPER (CHANNEL		
Valuat		be held at/in			onference / Workshop / Ex from	•	
During	g my absence n	ny class work	will be take	n-up as de	tailed below:		
G	Year &	Period		Name of the faculty who		G!	
Sl	Branch	From	To		take-up the duties Signatur	Signature	
_	oresenting the place ther Copy of I	-	-	-	ecify the date:	Yes / No	
I will su	ubmit the Certi	ficate of atter	ndance and co	opy of brie	f report on the event on my	return from OD.	
Not / R	Not / Recommended				Signatur	Signature of Faculty	
Signatı	ure of HoD/DI	C					
O.D. B	alance:						
Date:			DoFA		Director		