

ITM UNIVERSE

SANCTION FORM FOR CLAIMING COMPENSATORY OFF

1. Name : _____
2. Designation : _____
3. Department : _____
4. No. of days Compensatory Off claimed _____
From _____ To _____
5. Nature of work performed during Compensatory Off : _____

Signature of Individual

6. Authority recommending compensatory off : _____
(Section/Departmental Head/Deans/Directors)
7. Signature of authority recommending compensatory off :

Section Head / Departmental Head / Deans / Directors

For Office Use

Recommended / Not Recommended

Sanctioned / Not Sanctioned

(A.V.GUPTA)
DEAN
Administration-ITM Universe

M.D.Sir