

PEC University of Technology

Departure Report (when proceeding for Internship Supervision)

1.	Name:	Employee Code:	
2.	Department:	Designation:	
3.	Purpose:	Internship Supervision.	
4.	Notification No. vide which permission for above given.		
5.	Institution/Organization(s) being visited		
6.	Duration:	No. of days:	
		From:	To:
7.	Saturday/Sunday/Holiday suffixed/prefixed, if any.		
8.	Total duration of absence:		
9.	Confirmed that the following arrangement has been made (if applicable) in respect of: (a) Classes/lab classes (b) Other responsibilities: (i) department level (ii) institute level and the Director (if applicable) has been informed.		
10.	Station Leave, if required:		
11.	Contact address during the period:		
	Contact Telephone No. during the period.	Landline No:	Mobile No:

Signature of the Faculty Member
Date:

Head of the Department/Director