

**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

**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