



ANNA UNIVERSITY CHENNAI  
UNIVERSITY COLLEGE OF ENGINEERING, THIRUKKUVALAI  
THIRUKKUVALAI-610204

*Permission Form*

Name of the Staff :  
Employee code :  
Designation /Department :  
Permission required on : \_\_\_\_\_ Time: \_\_\_\_\_ To \_\_\_\_\_  
Purpose :

S. No	Department	Hour	Name of the Faculty/Dept.,	Signature (in Acceptance)

Date: Signature of the Applicant

HOD(i/c)

DEAN



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