BANNARI AMMAN INSTITUTE OF TECHNOLOGY

An Autonomous Institution Affiliated to Anna University Chennai - Approved by AICTE - Accredited by NAAC with "A+" Grade

SATHYAMANGALAM - 638 401   ERODE DISTRICT   TAMIL NADU   INDIA
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OD Form

From   Date: ___ / ____ / ___

Mentor Name : _____   Mentor Code : _____   Order Code: _____

For

Student Name : _____   **Reg. No :** _____

Gender **(✓)**   : Male / Female   Stay **(✓)** : Dayscholar / Hosteller

Request For:

☐ Event - Logger ID: _____   ☐ Paper Presentation - Logger ID: _____

☐ Project Competition - Logger ID: _____   ☐ Technical Competition - Logger ID: _____

☐ Internship - Tracker ID: _____   ☐ Others: _____

☐ **On Duty- Internship (✓) :** (Internship cum Placement / Internship / Training)

Company Name: _____   Place: _____

Date: From: _____   To: _____   No of Days: _____

Name of Industry Person: _____   Contact Number: _____

Internship Stipend if applicable in Rs:

Details:

Task Code: _____ (Mandatory for Internship)

☐ **On Duty: (others)**

From Date : _____ Timing : _____   To Date :_____Timing : _____   No. of Days : _____

Type   : Internal / External _____

Details:

Faculty Mentor:	Special Lab Incharge:
Average FA Score % :	Registration Confirmed: Yes / No
Avg. Career Growth Score % (I & II Year): ..………..	Event verified : Yes / No
Disciplinary issue :	Date confirmed : Yes / No
Parental Communication : Yes / No	
Parent Contact Number : ………………	I hereby declare that I have verified the above data and the event is reputed.
Accommodation during OD: Incampus / Outside	

Signature of the Mentor: _____   **Signature of the Special Lab Incharge:** _____

Approval from Office of Dean PDS