

**PERMISSION FOR PERFORMING WORK  
BEYOND OFFICE HOURS ON WORKING DAYS AND  
HOLIDAYS**

1. Name of the officer(s) with designation :
2. Name of the Division :
3. Proposed work :
4. Dates requiring permission :

Signature of the HoD

Signature of the Director

Copy to:  
HoD / AO  
Officer(s)/Official(s)  
Security Officer  
Guard Commandant.