



On Duty Form (ODF)

INDUSTRIAL PLOT NO.:11, AREA III, NAGAVALLI AMMAN KOIL STREET, MARAIMALAI NAGAR, CHENGALPATTU - DISTRICT TAMILNADU - 603209, INDIA PHONE : +91 44 27453333 / 32 Email: admin@sarvam.com / service@ sarvam.com

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Name of Employee:			Date:
Employee Code No:			Grade:
Designation :		Department:	
On Duty Date (Work attended during Working days)	Day	Customer Name	Place
On Duty Date (work attended during Holiday)	Name of the Holiday	Customer Name	Place
Instructed By			
Remarks			
Signature of the Employee	Signature of HOD	Admin Dept	MD / Director
Note: Please refer & follow Compan	ıy's Policy		
1. Copy of Report to be attached.			_

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