



INDIAN MARITIME UNIVERSITY
KOLKATA CAMPUS



OFFICIAL DUTY INTIMATION FORM

NAME: _____ DESIGNATION: _____

TYPE OF DUTY (refer below table): _____ ASSIGNING AUTHORITY: _____

DURATION OF DUTY: _____ MOBILE NO: _____

LOCATION OF DUTY: _____

DESCRIPTION OF DUTY (attach proof of assignment of official duty): _____

DATE: _____

SIGNATURE OF APPLICANT

CONTROLLING AUTHORITY

REMARKS: _____

DATE: _____

SIGNATURE OF CONTROLLING AUTHORITY

CAMPUS DIRECTOR SECRETARIAT

REMARKS: _____

DATE: _____

SIGNATURE OF CAMPUS DIRECTOR

NOTE:

1. The following matrix may be referred to while filling the Intimation form:

Sl. No.	Type of Duty	Time Allotment	City Limitation	Duty Assigning Authority
1	Official Meeting	Part Day	Within City Limits	Not below the rank of Deputy Registrar / equivalent
2	Official Work	Part Day / Full Day	Within City Limits	Vice Chancellor / Pro Vice Chancellor / Campus Director / Registrar / Dean / Controller of Examinations / Finance Officer
3	Official Training / Workshop / Seminar / Presentation	Part Day / Full Day	Within City Limits	
4	Official Tour	Full Day	Outside City Limits	