

**ICMR-RMRC GORAKHPUR, BRD Medical College Campus,
Uttar Pradesh -273013**

Proposal for sanction of Official Tour

1. Name:-----
2. Designation:-----
3. Employee ID:-----
4. Pay Level & Pay:-----
5. Place to be visited:-----
6. Purpose of Tour:-----
(please enclose invitation, if any)
7. Duration of the proposed Tour :From-----To-----
8. Mode of Travel: By Air/Train/Road
In case of Road, please give full justification-----
9. Expenditure is debitable to Budget Head: NIREH/Project-----
10. Whether Advance is required: Yes-----/ No-----
11. If yes, TA-----DA-----Contingency-----Total:Rs-----
12. Whether previous TA advance is outstanding/pending:-----
13. Total number of days of Duty Leave till-date:-----

Place:

Date:

Signature of the applicant:

Recommended

Tour is to be considered as duty leave or field work:-----

Signature of HOD/P.I. of Project

Funds are available under the relevant budget head-----

Accounts Officer/S.O.(Accounts)

Approved

Director