**भा.कृ.अनु.प - केंद्रीय द्वीपीय कृषि अनुसंधान संस्थान**

**ICAR- CENTRAL ISLAND AGRICULTURAL RESEARCH INSTITUTE**

**पोस्ट बॉक्स नं. 181, पोर्ट ब्लेयर - 744 1015**

**Post Box No. 181, Port Blair - 744 105**

TOUR APPROVAL

1. Name and Designation of the officer : …………………………………………………………………..
2. Name of messenger/Lab Attendant of : …………………………………………………………………..

any accompany

1. Basic Pay : ………………………………………………………………….
2. Probable expenditure of tour : ………………………………………………………………….
3. Whether debatable to the regular grant : ………………………………………………………………….

of the institute. Or Scheme

(indicate name of the scheme)

1. Details of Tour

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date & Time | Departure Station | Date & Time | Arrival Station | Mode of Travel | Purpose of Journey (Should be Indicated) |
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दिनांक/Dated :

हस्ताक्षर & पदनाम

(Signature & Designation)

केवल कार्यालय उपयोग के लिए/FOR OFFICE USE ONLY

Funds will be available/not available to meet the expenditure of the above tour, Submitted for approval Please

स्वीकृत/ अननुमोदित

Approved / Not Approved

निर्देशक /Director