

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
3. Basic Pay : .....
4. Probable expenditure of tour : .....
5. Whether debatable to the regular grant : .....  
of the institute. Or Scheme  
(indicate name of the scheme)
6. Details of Tour

Date & Time	Departure Station	Date & Time	Arrival Station	Mode of Travel	Purpose of Journey (Should be Indicated)

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