*Maulana Azad*

**N**ATIONAL **I**NSTITUTE OF **T**ECHNOLOGY BHOPAL-462003

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| **FOREIGN TOUR**  **AUTHORISATION FORM** | | Employee Code |  |
| Designation |  |
| Department |  |
| Name |  | Date of Appointment |  |

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| **Program Details:** | | | | | | | | | | | |
| Name/Title of the Program | | | | | Area of Discussion/Presentation | | | | | | |
|  | | | | |  | | | | | | |
| Name of Organizing Agency | | | | | Role of the applicant in Program(Chairing a Session/Plenary Lecture/Voluntary Papers)/Trainee/Trainer | | | | | | |
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|  | | | | | | |
| Paper Accepted Yes/No | | | | |  | |
| Contribution of Applicant in the paper to be presented Yes/No | | | | |  | |
| Rating of Program & How(Tier- 1/Tier-II/Tier-III) | | | | | If paper is jointly prepared then No Objection Letter from Co-Author attached Yes/No | | | | |  | |
| No of days for foreign tour | | | | | Duration of Conference | | | | | | |
| Program duration | Days | | Total Stay Days | | From | | | | To | | |
|  |  | |  | |  | | | |  | | |
| City |  | | | | Type of leave applied Special CL/EL | | | | |  | |
| Country |  | | | | Special CL balance position out of 15 days maximum in present calendar year as per department record | | | | |  | |
| **Travel Plan:** | | | | | | | | | | | |
| Departure | | | | Journey | | | Arrival | | | | |
| Station | Date | Time | | Mode | | Class | Station | Date | | | Time |
|  |  |  | |  | |  |  |  | | |  |
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| **Brief Objective of Tour(in fifty words)** | |
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| **Details of official Foreign Tours**(For last three Years) | | | | | | | | | | | | |
| S.No. | | Name of Country | | Period | | | | | | Purpose of Visit | | |
| From | | | | To | |
| 1 | |  | |  | | | |  | |  | | |
| 2 | |  | |  | | | |  | |  | | |
| 3 | |  | |  | | | |  | |  | | |
| **Estimated Expenditure**  (to be adjusted as per GoI Rules upon submission of bills to A/cs Section) | | | | | | **Arrangement of Financial Resources** | | | | | | |
| **Within the Institute** | | | | | | |
| S.N | Head | | Amount INR | | | |  | | | Amount | | Remarks |
| 1 | Registration Fee | |  | |  | | CPDA | | |  |  |  |
| Non-Plan Grant | | |
| 2. | Journey Fare | |  | |  | | Project Grant | | |  |  |  |
| Others(pl. specify) | | |
| 3. | Boarding/Diem | |  | |  | | **Outside Agency** | | | | | |
| Name of Agency/Sponsorship | | | Amount | | Share in % |
| 4. | Visa Fee | |  | |  | |  | | |  |  |  |
| 5. | Others | |  | |  | |  | | |  |  |  |
|  | **Total** | |  | | | | **Total** | | |  |  |  |
| **Advance required**  (90% of Estimated expenditure) | | |  | | | | | |  |  | | |

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| **Necessary Class/Duty Arrangement** | | | | | | | | | |
|  | | | | Person to whom duty Assigned | | | Designation | Signature | |
| Class Arrangement | | | UG |  | | |  |  | |
|  | | | PG |  | | |  |  | |
| Additional/Alternative Arrangement(if any) | | | |  | | |  |  | |
| Any other information which you may be like to furnish in support of your application | | | | | | | | | |
| 1. | Applicant has paper(s) accepted at the Conference | | | | | | | | Yes/No |
| 2. | Copy of abstract of paper(s) | | | | | | | |  |
| 3. | Applicant has availed assistance in last three years from DST | | | | | | | |  |
| 4. | Applicant has been sanctioned any travel support by any other agency | | | | | | | |  |
| 5. | Certificate from Air India indicating the cost of return air fare | | | | | | | |  |
| 6. | Brochure/ Announcement of the Conference | | | | | | | |  |
| 7. | Technical Program of the Conference | | | | | | | |  |
| Please enclose supporting documents where in the check list the applicants answer is Yes(Strike off whatever is not applicable) | | | | | | | | | |
| **Certificate /Declaration** | | | | | | | | | |
| I hereby certify that the information in this foreign Tour Form is true to the best of my knowledge and belief. I will abide by the Central Civil Service (leave) Rules 1972.If the information stated above is found to be incorrect at later stage also I may be held personally responsible. The amount received will be use for the purpose for which it is sanctioned. I further state that Travel Bill shall be submitted a month time form arrival and in case of journey in not performed by me I shall return the sanctioned amount immediately. | | | | | | | | | |
| Date: | | | | | | Signature | | | |
| **Specific recommendation by concerned HoD** | | | | | | **Recommendation of Dean FW** | | | |
|  | | | | | |  | | | |
| Date: | | | | | Signature | Signature | | | |
|  | | | | | |  | | | |
| **Note** | | | | | | | | | |
| 1 | | It is mandatory to fill all the requisite information in the format & submit Establishment Section for onward processing. | | | | | | | |
| 2 | | Copy of Brochure of program, Invitation letter from organizing Agency, Full length research paper, Performa invoice of travel fair shall be attached. | | | | | | | |
| 3 | | If Research paper is written jointly then No-Objection letter from other author shall be attached. | | | | | | | |
| 4 | | If Financial Assistance given by the outside Agency, letter of sanction shall also be attached. | | | | | | | |
| 5 | | Detailed day wise tour report must be submitted along with Tour Bill including copy of passport along with Visa be submitted to HoD for onward submission to Accounts Section for reimbursement/adjustment. | | | | | | | |
| 6 | | If any alteration needed in the format must be brought to the notice of Establishment Section for necessary action. | | | | | | | |