

INDIAN COUNCIL OF AGRICULTURAL RESEARCH

INDIAN INSTITUTE OF VEGETABLE RESEARCH

Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305

**FORM FOR PERMISSION FOR OFFICIAL TOUR ALONG WITH ADVANCE
(To be filled in duplicate)**

- 1. Name :
- 2. Designation :
- 3. Pay :
- 4. Division / Section :
- 5. Purpose of Tour :
- 6. Total Fare :
- 7. Advance Required :
- 8. Period of Tour :

Departure			Arrival			Mode of conveyance
Date	Place	Time	Date	Place	Time	

I undertake to submit the T.A. Bill within a week's time after completion of the above tour.

Signature of Employee

Recommendation / Not Recommended

Head of Division/ Section

Approved / Not approved

Director

& Sanctioned Rs.....