## ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH

## SECTOR-8, DWARKA, NEW DELHI-110077

## **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, TADAContingency	Total:Rs
12.	Whether previous TA advance is outstanding/pending:	
13.	Total number of days of Duty Leave till-date:	
P1	Date:	Signature of the applicant:
	Recommended	
Tour is	to be considered as duty leave or field work:	
Signature of HOD/P.I. of Project		
- 1		
Funds a	re available under the relevant budget head	
		A
		Accounts Officer/S.O.(Accounts)
	<u>Approved</u>	

Director