

TOUR PROGRAMME

ICAR-CENTRAL AVIAN RESEARCH INSTITUTE
IZATNAGAR- 243 122 (U.P.)

1.	Name & Designation of Officer	
2.	Name of other official(s) Officer (s) If any accompanying	
3.	Probable Expenditure of Tour	
4.	Whether debitable to the regular grant of the institute or to scheme? In the later case, the name of the scheme	
5.	Incase the tour is proposed on invitation of a department other than ICAR. Whether TA/DA is to be borne by that Department? Also enclose copy of letter of invitation/supporting document	
6.	Details of Tour	

DEPARTURE		ARRIVAL		Mode of Journey	Purpose of Journey (To be stated clearly with specific reasons)
Date	Station	Date	Station		

NOTE:

1. In case of road journey specify clearly if institute Vehicle is to be used and approval of the competent authority has been obtained?
2. Funds are available/not available to meet the expenditure on the above tour.

Signature of the Officer (with date)

Approved/Not approved

DIRECTOR