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|  | <u>ISO 9001 : 2015 DOCUMENT</u>                            |                | Doc. No.: IIVR/IS15/14 |
|   | ICAR – Indian Institute of Vegetable Research,<br>Varanasi |                | Dated: 12/03/18        |
|   | Revision No.:0.0   | Issue No.: 1.0 | Page No: 1 of 1        |

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

1. **Head of Account** : .....  
(Institute/ Project)
2. **Name** : .....
3. **Designation** : .....
4. **Division / Section/ Unit** : .....
5. **Pay Level/ Grade Pay** : .....
6. **Purpose of Tour** : .....  
.....
7. **Period of Tour** : .....
8. **Total Expected Fare** : .....

| Departure |      |       | Arrival |      |       | Mode of conveyance |
|-----------|------|-------|---------|------|-------|--------------------|
| Date      | Time | Place | Date    | Time | Place |                    |
|           |      |       |         |      |       |                    |
|           |      |       |         |      |       |                    |
|           |      |       |         |      |       |                    |
|           |      |       |         |      |       |                    |

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

Place:

Dated:

Signature of the applicant

Recommended/ Not Recommended

Head of Division/ Section

Approved / Not approved

Sanctioned Rs.....

Director, ICAR – IIVR