

F.No. A.40018/03/2019-Admn.I
The National Institute of Health & Family Welfare
Office of the DD(Admn.)

Date: - 21.11.2019.

C I R C U L A R


Sub: - Procedure for seeking approval of Director on official Tour Programmes.

In order to avoid overlapping of paper work while seeking the approval of Director on official tour programmes, it has been desired that the proposal for seeking such approvals may be submitted in the enclosed format indicating the details of travel plan and the link Officer who will look after his/her work during the official tour programme.

2. It is also to inform to all the Heads of the Departments, Faculty, Research Staff to kindly fill the tour programme along with relevant documents without which the tour programme will not be considered.

This issues with the approval of the Director, NIHFV.

Encl:- As above



(Anil Kumar)
Deputy Director (Admn.)

To: -

1. All HoDs/Nodal Officers of all Project/Sectional Heads/ – with the request to bring it to the notice of all staff members working under them.
2. Computer Centre to upload the Circular on the Institute's website.
3. PA to Director.
4. PA to Deputy Director (Admn.)
5. Dean's Office.



The National institute of Health and Family Welfare

No. _____

Date: _____

Subject: **Tour Programme of Prof./Dr./Ms./Mr.** _____

The undersigned proposes to undertake a visit to _____ from _____ to _____ under the _____ project/study/conference _____ . The purpose/objective of the official visit is to _____. The project/study/conference is funded by _____. The detailed travel itinerary is given below:

Sl. No.	Place(s)	Date & Time of Departure	Date & Time of Arrival	Details of Mode(s)Travel	Address of Touring Place(s)

2. The Air tickets, Hotel/outstation transport will be booked through Institute's official travel agency i.e. M/s. Ashok Travels and Tours. For the above visit, contingent advance of Rs. _____ is, however, required for meeting the contingent expenses. The break-up of advance is given below:

Sl. No.	Description in Brief	Amount

3. It is also proposed that during this period, Dr./Mrs./Mr. _____ will look after my duties in addition to his/her own duties while I am on tour, and he/she has also agreed for the same as per his/her consent appended below:

I hereby agree to para 3 above. (Signature) _____
Name: _____

Accordingly, the above proposal is submitted for kind consideration and approval of the Director please,

(Signature of Official)
Date: _____

Signature of the Head of the Department
(Not applicable in case of HOD)

Director

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