

To,
The Director
ICMR-National Institute of Virology,
Pune - 411 001.

Date :

Subject : Tour Approval for official journey.

Fund:- NIV
 Project
 Others

Whether the Tour is sponsored by the Organisers. Yes No

If Project Fund (Write Project Name here) _____

If Others Fund (Write Name here)

Note :- If advance is needed kindly email the Bills Section separately with copies of the tickets, at least 07 days prior to travel.

Sir

It is proposed to depute the following staff member(s) on tour in connection with _____
(Purpose of Journey)

Name & Signature of HOD/SECTION

FOR THE USE IN OFFICE

Tour Advance of Rs. _____ as per calculation on reverse may be sanctioned.

SO (BILLS) / DDO

Financial Concurrence is accorded for Rs. _____ (Rs. _____)
_____ under the Head _____ for the Financial Year _____
& entered at page No. _____ Sr. No. _____ Balance available under this Head of Expenditure is
Rs. _____ as on date.

S.O. (ACCOUNTS)

**ACCOUNTS OFFICER
SANCTIONED / NOT SANCTIONED**

SR ADMN OFFICER

DIRECTOR

For office use only
Calculation for Tour Advnace

SR. NO.	NAME & DESIGNATION	TO AND FROM FARE BY ENTITLED CLASS	ANY OTHER ALLOWANCE	TOTAL

Dealing Assistant