

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)

Sr. No.	Name & Designation of the Official	Duration of tour		Places to be visited	Mode of Travel	Signature of the Official
		From	To			

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

SR. ADMN. OFFICER

SANCTIONED / NOT SANCTIONED

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