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| --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | |
| NAME | Click or tap here to enter text. | | | | |
| DESIGNATION | Click or tap here to enter text. | | | | |
| DEPARTMENT | Click or tap here to enter text. | | | | |
| EMPLOYMENT TYPE | BPS | | TTS | | CONTRACT |
| **PLACE TO BE VISITED** | | | | | |
| Click or tap here to enter text. | | | | | |
| **NAME OF THE FOCAL PERSON TO BE VISITED** | | | | | |
| Click or tap here to enter text. | | | | | |
| **PURPOSE/JUSTIFICATION OF THE VISIT (Do not leave this unfilled. Attach related document, if any)** | | | | | |
|  | | | | | |
| **PLANNED DATE OF DEPARTURE** | | | **PLANNED DATE OF RETURN** | | |
| Click or tap to enter a date. | | | Click or tap to enter a date. | | |
| **MODE OF TRAVEL** | | | | | |
| Personal Car | | Official Car | | Hired Car | |
| Public Bus/Coach | | Airplane | | Train | |
| **DATE OF REQUEST:** | | | **APPLICANT’S SIGNATURE:** | | |
| Click or tap to enter a date. | | |  | | |

|  |  |  |
| --- | --- | --- |
| **HEAD OF THE DEPARTMENT/INITIATING OFFICER** | | |
| REMARKS:  (considering department’s benefit/loss) |  | |
| Recommended | | Not Recommended |
| Date: | | STAMP & SIGNATURE: |
| **DEAN/REGISTRAR/SENIOR REPORTING OFFICER** | | |
| REMARKS:  (considering university’s benefit/loss) |  | |
| Recommended | | Not Recommended |
| Date: | | STAMP & SIGNATURE: |