

ICAR-CENTRAL INLAND FISHERIES RESEARCH
INSTITUTE
BARRACKPORE, KOLKATA-700012

TOUR PROGRAMME FOR APPROVAL (IN DUPLICATE)

Name Dr/Shri/Smt

Designation

Headquarters

DEPARTURE			ARRIVAL			MODE
Date	Place	Time	Date	Place	Time	Air/Rail/Road

Onward Journey

Halt

Return Journey

Purpose

Recommendation of project coordinator/

Head of Division

Endt .No.

Dated :-

Certified that fund exists to cover expenditure on

TA under _____

ADMINISTRATIVE OFFICER

Director's Order

Approved/Not Approved

DIRECTOR