

ICAR-CENTRAL INLAND FISHERIES RESEARCH
INSTITUTE
BARRACKPORE, KOLKATA - 700120

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 :

PROJECT NO.

Recommendation of project Coordinator/
Head of Division / Section.

SIGNATURE

Certified that funds exist to cover expenditure on
T.A. under _____

ADMINISTRATIVE OFFICER

Director's Order

Approved / Not approved

Sn/-

DIRECTOR