

**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

Signature

Recommendation of project coordinator/  
Head of the Division  
Endt No.

Dated:-

Certified that fund exists to cover expenditure on

TA under \_\_\_\_\_

ADMINISTRATIVE OFFICER

Director's Order

Approved/Not Approved

DIRECTOR