

CCS HARYANA AGRICULTURE UNIVERSITY, HISAR.

DEPARTMENT _____

TOUR PROGRAMME (TENTATIVE/REVISED)

MONTH: _____

Name: _____

Designation: _____

Scheme in which working : _____

From (Place)	Date	To (Place)	Date	Purpose (Attach documentary proof.)	Mode of journey	Name and designation of co-passengers, if any, on official duty.

1. _____
2. _____
3. _____

Whether TA/DA is to be paid by the Host institute Yes/No

(Signatures)

Recommendations of the Scheme Incharge

FOR OFFICIAL USE

The expenditure on TA/DA is proposed to be met out of the State/ICAR/NATP/OA scheme No. _____.

Funds are available under SOE T.A. as under:

- a) Allotment _____
- b) Expenditure _____
- c) Balance _____

Office Assistant

Recommendations of HOD/office/Branch

Head of the Deptt./Office/Branch

Controlling Officer/Sanctioning/Authority

Note: Prior approval of tour programme of the competent authority be Obtained before undertaking journey.