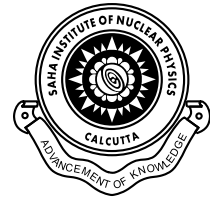


SAHA INSTITUTE OF NUCLEAR PHYSICS, KOLKATA



APPLICATION FORM FOR DOMESTIC TRAVEL ON OFFICIAL BUSINESS

Personal Data

| | | | |
|-----------|--|-------------|--|
| NAME | | DESIGNATION | |
| DIVISION | | PHONE EXT. | |
| E-MAIL | | MOBILE # | |
| BASIC PAY | | GRADE PAY | |

Proposed Travel

| | | | |
|--|--|-----|---------------------------|
| DESTINATION(S) | IF THERE ARE MULTIPLE DESTINATIONS, ITEMISE: | | |
| PURPOSE OF VISITING EACH DESTINATION (SUPPORTING DOCUMENTS NEED TO BE ATTACHED) | | | |
| LEAVE CATEGORY: | FROM: | TO: | TOTAL # OF DAYS ON LEAVE: |

Financial Requirements (applicable only to applicants who would submit TA/DA claim form to the institute)

| EXPENSE HEAD | REQUIRED / NOT REQUIRED | ESTIMATED COST |
|---|-------------------------|----------------|
| REGISTRATION FEE IF APPLICABLE | | |
| AIR FARE | | |
| COST OF OTHER MODES OF TRANSPORTATIONS. | | |
| ACCOMMODATION COSTS | | |
| DAILY ALLOWANCE | | # OF DAYS: |
| ANY OTHER COSTS SPECIFY: | | |
| TOTAL ESTIMATED COST | | |
| ADVANCE AMOUNT REQUIRED | | |

Source of Funds

| PROJECT HEADS & SUB-HEADS | ANY OTHER INSTITUTE FUNDS | ANY OTHER GOI FUNDS | ANY EXTERNAL SOURCE OF FUNDS |
|---------------------------|---------------------------|---------------------|------------------------------|
| | | | |

List of Attachments

1. Invitation letter(s).
2. Information related to the visit (name and description of conference/workshop/school, nature of collaboration in case of collaborative visits) and the role of the applicant.
3. Declaration of expected / committed financial support, if any, for the proposed visit from all the sources (other than SINP) in respective expenditure heads.

All required documents are attached.

Recommended.

Signature of Applicant

**Signature of PhD supervisor
(in case the applicant is a student)**

4. CONSENT OF PI OF PROJECT (IF APPLICABLE), HoD / Registrar

(Registrar to make recommendations for employees in administrative sections and other non-academic sections / facilities)

| | |
|---------------------------------------|--------------------------------------|
| Project Name: | Division/Section Name: |
| Comments, if any | Comments, if any |
| Recommended Not recommended | Recommended Not recommended |
| Signature of PI, if applicable | Signature of HoD or Registrar |

5. COMMENTS OF SINP ADMINISTRATION

| |
|----------------------------|
| ACCOUNTS SECTION |
| AVAILABILITY OF FUNDS |
| Signature of AO/DCA |

6. COMMENTS OF THE DIRECTOR

APPROVED

NOT APPROVED
COMMENTS:

Signature by the Director, SINP