



**SAHA INSTITUTE OF NUCLEAR PHYSICS, KOLKATA**  
**VISITOR APPROVAL FORM**

To,  
Director  
Saha Institute of Nuclear Physics  
1/AF Bidhannagar, Kolkata-700064

Through: Head, \_\_\_\_\_

Date:

Dear Director,

On behalf of \_\_\_\_\_ Division/Section, I would like to host the following visitor along with the proposed financial requirements listed below. I would, therefore, request you to kindly approve the same as per rules.

**Visitor's Details:** (Fill the boxes or tick appropriately)

Name		Nationality*	
Email			
Designation			
Affiliation		DAE	Non-DAE
Arrival Date		Departure Date	
Purpose of Visit			
Recommended by			
Any Other Information			

**Financial Requirements:** (Fill the boxes or tick appropriately)

Travel	Air Fare		Train		Local Transport	
Per-diem	Required		Not required		No of Days	
Suggested Honorarium Amount						
Accommodation	Required		Not Required			

(If accommodation is required, the host will arrange accommodation independently either in SINP GHs or elsewhere.)

Any Other Requirement or Comment					
Approximate Total Cost		Advance Amount Required			
Funding from Project		Project Object Head			
Fund Position					

Yours Sincerely,

\_\_\_\_\_  
Name and Signature of Host/Seminar/Colloquium Coordinator

*\*May please submit the DAE Annexure 'I' along with the application in case of a foreigner. DAE would require two weeks notice for the accord of political clearance.*

P.T.O

Recommended by

Head, \_\_\_\_\_ Division/Section

(a) DCA:

(b) Registrar:

**Approved/Not Approved**

**Director**

**For Action:**

SSO - for necessary security clearances