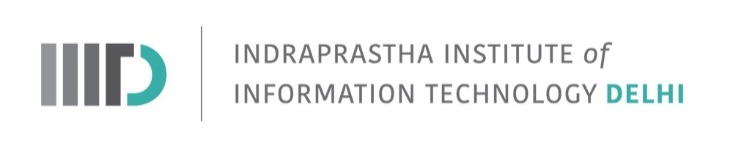
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**10 - M.Tech/B.Tech – TRAVEL**

**Office Order No : 378/2018**

|  |
| --- |
|  |
| **Travel Assistance for academic work, conference or student activities** |
|  |

1. Name: 2. Roll No.
2. Programme : B.Tech. M.Tech. 4. Department :
3. Purpose of Travel : Academic Conference Student activity Others
4. Detail of Activities :
5. Place of Visit

(i) Country : India Outside India, (If outside India please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

(ii) City :

(iii) Organisation :

1. Date of Business :\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_9. Duration of Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_
2. Funding Required : Yes No  **(Earlier Availed this fund: Yes No)**
3. Applied for funding from Outside sources : Yes No, {if yes, please specify(Org/Insti):\_\_\_\_\_\_\_\_\_\_\_\_}

(if No, then the student is advised to apply)

|  |  |  |
| --- | --- | --- |
| **Expenses detail(Budget) To be given by the Student**  Round Trip Fare :  Bus/Local Travel :  Registration Fees:  Living Expenses :  Total :  Reimbursement Amount Claimed:  (Attach separate sheet , if needed) |  | **Recommendation of Supervisor ( or Faculty In-charge)**  Name :  Recommendation: |

**(Signature of Student with date) (Signature of Supervisor/Faculty In-charge with date)**

**Verification by Department**

1. **Type of Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A\* or others)**
2. **Recommendation for Additional support of Rs.25000/- grant : Yes No**

**Additional Comments (if any) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD, Department of \_\_\_\_\_\_\_\_\_\_\_\_**

**Verification by Academic office**

1. Total Amount recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DM/AM/JM (Academics) Manager (Academics)**

**Approval**

15. Approved Not Approved Recommended

**DOAA**