

ICAR - CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES, HISAR

(TO BE FILLED IN PRIOR TO COMMENCEMENT OF JOURNEY)

Tour Programme of Shri.....Designation.....

DEPARTURE			ARRIVAL			Distance (KM)	Mode of conveyance	Source of Fund	Purpose
Place	Date	Time	Place	Date	Time				

Remarks of the Head of Division/Section

Approval of the Director

Signature of the Officer/Official

Approved/Not Approved

Director

**(TO BE FILLED IN AFTER COMPLETION OF JOURNEY)**

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DEPARTURE			ARRIVAL			Class in which Travelled	Fare	Source of Funding	Remarks
Place	Date	Time	Place	Date	Time				

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Remarks of Head of Divn/Section

Approved/Not Approved

Signature of the Officer/Official  
Date & Designation

DIRECTOR