

Official Visit (ORIC related) Form

Name & Emp ID: _____ Designation: _____

Department: _____

Purpose of Visit: _____

Venue of Visit: _____

Visit Date(s): _____ Duration of Visit: _____ Days

Accommodation Required: _____ Transport Required _____

Official Invite: _____ (if so, attach letter of invitation); DA/TA Sought: _____

ESTIMATED COST

<u>Travel</u>	<u>Accommodation</u>	<u>DA/Meals</u>	<u>Other*</u>	<u>TOTAL</u>
Rs _____	Rs _____	Rs _____	Rs _____	Rs _____

** If other, please submit details*

SUBMITTED BY

Name Department Date Signature

ENDORSEMENT by HoD

Name Department Date Signature

ENDORSEMENT by DIRECTOR, ORIC

Name Date Signature

ENDORSEMENT by DEAN

Name Date Signature

CECOS UNIVERSITY
Official Visit (ORIC related) Form

ORIC – P4

ENDORSEMENT by DIRECTOR, FINANCE

Name *Date* *Signature*