भा.कृ.अनु.प.- केन्द्रीयशीतोष्णबागवानीसंस्थान

ICAR-CENTRAL INSTITUTE OF TEMPERATE HORTICLUTRE

SRINAGAR-191 132, JAMMU AND KASHMIR, INDIA

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DEPARTURE REPORT FOR OUTSIDE OFFICE DUTY

1.	Name of official	
2.	Designation	
3.	Scheme/Project under which official is engaged ***(Please specify clearly)***	
4.	Period of tour/temporary duty (***Duration clearly mentioned with time and date***)	**Date**: Time : From : To :
5.	Purpose of visit (Specify clearly)	
6.	Nature of visit (Official/Private)	**Date**: _____ Time : From : _____ To _____ Nature of duties to be performed:
	Signature of the official with date	
7.	Comments of the HoD/Sectional In-charge/PI concerned (Please specify)	
	Signature with date	
8.	Orders of the Competent Authority	**Approved / Not Approved** Signature: _____
	OFFICE USE	
a)	Entry of visit made in relevant records	
b)	Whether the period/day calculated for official duty/regularization of wages/salary etc.	*Yes* If No, specify the reasons
c)	Signature of the authorized officer of the branch with comments, if any.	Sectional Head AO/AAO