

**CENTRAL INSTITUTE OF FRESHWATER AQUACULTURE**  
**( I. C. A. R. )**  
P.O. : KAUSALYAGANGA, VIA : BHUBANESWAR - 751002

**TOUR PROGRAMME FOR APPROVAL ( IN DUPLICATE )**

Name : Dr / Shri / Smt.

Designation :

Headquarters :

DEPARTURE			ARRIVAL		MODE	
Date	Place	Time	Date	Place	Time	Air/Rail/Road

Onward Journey

Halt :

Return Journey

Purpose :

PROJECT NO.

Recommendation of project Coordinator/  
Head of Division / Section.

SIGNATURE

Certified that funds exist to cover expenditure on  
T.A. under \_\_\_\_\_

ADMINISTRATIVE OFFICER

Director's Order

Approved / Not approved

Sn/-

DIRECTOR