

**SREE CHITRA TIRUNAL INSTITUTE FOR  
MEDICAL SCIENCES & TECHNOLOGY, TRIVANDRUM**  
**Application for Leaving Station/Headquarters (Foreign Visits)**

1)Name :

2)Employee Code:

3) Designation:

4)Department/Division :

5)Pay & Pay level:

6) Date of Joining :

7) Date of Retirement/Relieving:

8) Passport No:

(Copy of passport is to be submitted)

9) Visa Details:

10)For issuing NOC for Visa:

a) Date of leaving India: .....

b) Date of returning to India: .....

11)Details of Foreign Travel to be undertaken(Copies of relevant papers to be submitted)

Period abroad		Name of Foreign Countries to be visited	Purpose	Estimated Expenditure (Travel, Boarding/Lodging, Visa, Misc etc	Remarks
From date	To date				

12) Source of Fund in detail :

Item	Amount	Source of Fund
Registration Fee	Rs.	
Air-Fare	Rs.	
Visa fee	Rs.	
Hotel accommodation charges	Rs.	
Per-diem	Rs.	
Medical Insurance Premium	Rs.	
Any other item	Rs.	
a).....		
b).....		
c).....		

13) Details of previous foreign travel including private foreign travel, if any undertaken during the last 4 years.

Period abroad		Name of Foreign Countries visited	Purpose	Estimated Expenditure (Travel, Boarding/Lodging, Visa, Misc etc	Source of Funds
From date	To date				

**Undertaking :**

I undertake that I will return to India on the expiry of my leave and will not accept any job or join any course during the period of my stay abroad, failing which I will be liable to disciplinary action.

I will furnish the FCRA clearance details as per the rules applicable.

Signature of the applicant .....

Name.....

Date.....

Email id.....

Mobile Number.....

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Remarks of HoD(including the details of alternate work arrangements made)

Signature of HoD.....

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Remarks of P&A Division

UDC/EA

AAO

AO GR.I

Deputy Director(Admin)

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Orders of the Sanctioning Authority

SANCTIONED / NOT SANCTIONED

**DIRECTOR**