

GURU RAM DASS INSTITUTE OF ENGINEERING & TECHNOLOGY
LEHRA BEGA (BATHINDA)

Tour Approval

1. Name _____ Prof/Asstt. Prof./Lecturer/ Other
Department _____

2. Tour Program Schedule:

Place/Place Visit _____

Date/date of Visit _____

Date of return in the Institute _____

3. Purpose of Visit _____

4. Advance:

Advance for Tour: Rs. _____

Advance for Purchase of equipment/material Rs. _____

Total Advance requested for Rs. _____

Lecture Adjustment, If any

Date	Lecture	Room No.	Branch/Sem	Subject	Adjustment with Name	Signature

Recommended/ Not Recommended

HOD/INCHARGE

Accounts

Signature of applicant

Advance of Rs. _____ & Tour Program

Sanctioned/Not Sanctioned

Director/ Principal