

BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI**Movement order form for UGC/CSIR**

Application for attending Seminair / Conferences / Symposium / Workshops / Project Work/ experimental work/ field work / Project Visit etc.

Ref: DRIE /

Name :	Designation:	
Roll no:		
Name of Department / Extension Centre		
Student ID of UGC / CSIR		
Title		
Sponsoring agency		
Name, place, period of visit	From :	To :
Purpose project visit under the purview of funding agency.		
Exact period of leave required from institute (With justification for any extended period to stay , if so)		
Title of the paper submitted (with name of all the authors in case of multiple author paper):		
Whether sponsored by any organization other than project (give details regarding the other financial assistance)		
Approximate amount of Registration & TA (in Rs) required	Amount of Registration Fee	Amount of TA
Date	Signature of Applicant :	

Recommendation :

(Forwarding of Head / In charge of the Department)

Signature of supervisor

(Approved / Not Approved)

Dean (Research, Innovation Entrepreneurship)

D.R. (HR SRC)

The Amount will be adjusted through Contingency grant of UGC / CSIR as Direct Benefit Transfer.

Maker

BIRLA INSTITUTE OF TECHNOLOGY , MESRA , RANCHI

(Sponsored through : Institute / Sponsored Project)

(Applicants's Copy: To be attached with TA Bill)

Ref. No.: _____ Date: _____

Name : _____ Emp Code: _____

Department: _____ Designation : _____

Purpose of Tour : _____

Date of Journey : _____ Destination : _____

Fare(To & Fro) : _____ Project code(if applicable) _____

Mode of Travel : _____ (Road/Rly/Air) _____ Halt(no. of Days) _____

Special Approval for Air Fare: _____

(Not Approved/Approved subjected to availability of fund)

(Signature of applicant)

Dean (Research, Innovation Entrepreneurship)

BIRLA INSTITUTE OF TECHNOLOGY , MESRA , RANCHI

Duty Leave for UGC / CSIR

Name of Student : _____ Roll No. _____

Student ID : _____ UGC/CSIR : _____

Designation (in project) : _____ Department : _____

Nature of Leave :Duty Leave Period of Leave : From _____ To _____

Reason for Applying Leave : _____

Address While on Leave : _____

Contact No. _____

Signature of Student: _____ Date : _____

Name of Supervisor _____

Signature of Supervisor _____ Date : _____

Signature of Head

Departmental Seal

Office of DRIE use

Leave Sanction Order

Sanction of Leave by the sanctioning authority for _____ days of _____ Leave for the period _____ to _____ is hereby conveyed to the concerned applicant / department.

Department :

Signature of DRIE

Counter Signature :

