

**CENTER FOR RESEARCH AND TECHNOLOGY DEVELOPMENT
BHARATHIAR UNIVERSITY: COIMBATORE – 641 046.**

**REQUEST FOR SANCTION OF TA/DA/REGISTRATION FEE FROM
Project/Consultancy/CRTD FUNDS**

VISITING MEMBER CONSULTANT OTHER THAN CONSULTANT

PURPOSE OF VISIT (Letter of Invitation/announcement details to be attached)

SEMINAR SYMPOSIUM MEETING / DISCUSSION
 CONFERENCE REGISTRATION FEE

Name & Designation:

Department

Basic Pay Rs. / Consolidated Pay Rs.

Name of the coordination	Project Number	Title of the Project

Date & Time of		No. of Working Days	Place(s) of visit	Details of the Meeting / Programme
Leaving	Return			

The faculty member has to certify about alternate arrangement made for academic commitments during the absence from university.

Alternate arrangement made () Not made ()

Signature of Coordinator / Staff

<p>The visit of Mr/Dr/Prof. _____ Is required and is in connection with the consultancy / project referred above and certified that provision exists and sufficient funds are available in the project for this travel under the head _____.</p> <p align="right">consultant</p>	<p>Forwarded Head of the Department/Director</p>
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Amount of Regn. Fee	Cheque/DD to be drawn in favour of	Mode of Travel*	Class of Travel
		AIR/TRAIN/BUS	

*Justification to be given for Mode/Class of Travel higher than the eligible limit.

Advance required [YES/NO] to be settled within 30 days of completion of the visit.

SANCTION/RECOMMENDATION OF THE DIRECTOR/REGISTRAR/VICECHANCELLOR (as the case may be)		
DIRECTOR, CRTD	Registrar	Vice-Chancellor

FOR USE IN CTD T OFFICE

Commitment for the above journey	
Rs. Assistant	Comm. No.

TA/DA advance drawn Rs. _____ and handed over on..... (date) to
Dr./Thiru.....

Assistance/Superintendent

Final settlement / adjustment Rs. _____ made on..... (date)

DIRECTOR