

NOC / OD / SCL request for National / International Travel - Check List

1.	Name of the Department						
2.	Name and Designation of the Faculty						
3.	Date of request						
4.	Place						
5.	Type of Travel	<input type="checkbox"/> National		<input type="checkbox"/> International			
6.	Purpose						
7.	Attached the invitation copy	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
8.	Date(s) of Travel <i>Minimum 10-15 days required to get approval from authorities</i>						
9.	Number of Days						
10.	Type of Leave requested	<input type="checkbox"/> On duty		<input type="checkbox"/> Special Casual Leave			
11.	Whether this will be entered in your service register for CAS?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
12.	Number of Leave availed	Calendar Year		Academic year			
		CL		OD		SCL	
13.	Remarks of the Head of the Department with Signature and Seal						
14.	Remarks of the Faculty Dean with Signature and Seal <i>(Applicable only for Heads)</i>						
15.	Financial Commitment to the University	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
		If Yes, Specify _____					
16.	Obtained any Grant for this travel (if so, specify)						
17.	Details of previous travel permissions obtained <i>(Details needed for previous and current academic year)</i>						

..... Signature