



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	☐ National ☐ International
6.	Purpose	
7.	Attached the invitation copy	☐ Yes ☐ 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	☐ Onduty ☐ Special Casual Leave
11.	Whether this will be entered in your service register for CAS?	☐ Yes ☐ No
12.	Number of OD availed for the Academic Year _____	
13.	Number of SCL availed for the Academic Year _____	
14.	Remarks of the Head of the Department with Signature and Seal	
15.	Remarks of the Faculty Dean with Signature and Seal <i>(Applicable only for Heads)</i>	
12.	Financial Commitment to the University	☐ Yes ☐ No If Yes, Specify _____
13.	Obtained any Grant for this travel (if so, specify)	
14.	Details of previous travel permissions obtained <i>(Details needed for previous and current academic year)</i>	

Signature