



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group
CSIR Complex, Opp Institute of Hotel Management
Library Avenue, Pusa, New Delhi- 110012, India
Tel: 011- 25841037 Website: <http://csirhrdg.res.in>

TOUR REPORT PROFORMA

(To be furnished in duplicate on return from abroad)

1. Name of applicant: _____

2. Designation: _____

3. a) Name of the Supervisor : _____

b) Place of work of the Supervisor (Dept. & Inst.): _____

Address _____

City _____ State _____ Pin _____

Contact No with STD code _____ Mobile no _____

e-mail ids _____

4. Name of Conference/Symposium: _____

Place of conference/Symposium: _____

Period of conference/Symposium: From Month ____ Date ____ Year 20__ to Month
____ Date ____ Year 20__

5. Duration of Stay (date of leaving the country and return may also be given):

From Month ____ Date ____ Year 20__ to Month ____ Date ____ Year 20__

6. Purpose of visit and how it was accomplished

(i) Whether traveled by Air India: Yes/ No (PI tick mark \checkmark)

(ii) If no, the name of the Airline by which traveled: _____

(iii) State also the reason why this deviation was necessary

7. Indicate specific ideas or knowledge acquired or frontiers in knowledge gained during your visit (in about one typed page as Enclosure-I): _____

8. Whether any linkage has been built between the scientist and foreign scientists and, if so their names and institutions: (Enclosure-II):_____

9. Any observation regarding the arrangement made by the host organization:

10. Details of actual expenditure incurred on foreign visit:

(a) Air Fare(to & fro) :	Rs._____
(b) Boarding, lodging and reg. fee etc.	Rs._____
(c) Total	Rs._____

11.Details of over all grant received from various agencies and mode of adjustment towards the balance savings, if any

(i) CSIR Rs._____

(ii) DST Rs._____

(iii) UGC Rs._____

(iv) Host Inst. Rs._____

(v) Others Rs._____

Total Rs._____

Balance, if any Rs. _____

**Signature of the applicant
with Date**

Observations of the Supervisor/Head of the department on usefulness of visit

It is also certified that the information given by the applicant is correct.

**Signature of the supervisor with office seal
And Date**