**BHARATHIAR UNIVERSITY: COIMBATORE -641 046**

 **PROFORMA FOR PROJECT ON-DUTY INTIMATION / PERMISSION**

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| **For Office Use** | **Approval No. C3/CRTD/2022/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:**  |
|  **S. No** | **Principal Investigator Details** |
| 1. | Department |  |
| 2. | Name of the PI |  |
| 3. | Fund sponsored |  |
| 4. | Project Title |  |
| 5. | Fund sanction order No/Date |  |
| 6. | Total Sanction |  |
| 7. | BU Approval No & Date |  |
| **A.** | **Details of the On-Duty permission - (Prior to the scheduled intimation is compulsory)** |
|  | Purpose City Number of days : Accommodation :Travel Mode :  | From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_ Total\_\_\_\_\_\_\_\_\_\_Air / Train/ Bus / Taxi & other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Need Advance Amount: Travel Budget Allotted: Requesting Amount : | Yes / No |
| Detailed travel plan to be attached | Yes / No |
| Note: Conference, Boucher, Invitation, Paper Abstract etc. to be enclosed.  |

 Principal Investigator A.S.O S.O D.R Dy.Director Director

**BHARATHIAR UNIVERSITY: COIMBATORE -641 046**

**PROFORMA FOR PROJECT ON-DUTY CLAIM**

|  |  |  |
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| **For Office Use** | **Approval No. C3/CRTD/2022/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:**  |
|  **S. No** | **Principal Investigator Details** |
| 1. | Department |  |
| 2. | Name of the PI |  |
| 3. | Fund sponsored |  |
| 4. | Project Title |  |
| 5. | Fund sanction order No/Date |  |
| 6. | Total Sanction |  |
| 7. | BU Approval No & Date |  |
|  **A.** | **After completion of the on-duty programme** |
|  | 1. Travel Budget Allotted : 2. Current Expenditure : 3. Balance Available :  |   |
| Amount to be reimbursed A/c No. |  |
| Details of the On-Duty  | Enclosed / Not Enclosed |
| Note: TA / DA forms & Certified original Bill must be enclosed |

Principal Investigator A.S.O S.O D.R Dy.Director Director

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