



Indian Sign Language Research and Training Center (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan
Ministry of Social Justice & Empowerment, Government of India,
Module No.403-405, 4th Floor, NSIC Business Park,
Okhla Industrial Park, New Delhi- 110020
Telephone: 20883013, Email- islrtnewdelhi@gmail.com

PROFORMA FOR TAKING PRIOR PERMISSION BY GOVERNMENT SERVANTS FOR PRIVATE VISITS ABROAD

Part-A- To be filled by the Government servant applying for visit aboard

1. Name and Designation :
2. Pay :
3. Ministry/Department :
4. Passport No. :
5. Details of private foreign travels to be undertaken:

Period of travel	Name of foreign countries to be visited	purpose	Estimated expenditure (travel boarding, lodging, visa, misc., etc.)	Source of funds

6. Details of private foreign travel undertaken during the last four years:

Period of travel	Name of foreign countries visited	Purpose

Date:

Name:

Designation:

Signature

Part-B- To be filled by the Administration

1. Whether the Government servant is handling large amounts of Government cash.
2. Whether the Government servant is dealing with secret/top secret matters.
3. Whether any case involving serious charges against the Government servant is under investigation (Details).
4. Whether the Government servant is under suspension.
5. Whether any disciplinary proceeding/criminal case is pending against the Government servant (Details).

Signature

Name:



Designation:

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UNDERTAKING

I.....state that in the event I am granted.....days leave fromto.....to visit.....I undertake that I shall not extend my leave from under any circumstances and I shall report for duty on expiry of my leave i.e. onfailing which I shall be liable for disciplinary action as per Government rules. I also hereby undertake that I shall not take up any employment either Full time or part time including private profession, practice and consultancy etc, in the Foreign country during my leave period, failing which I shall be liable for disciplinary action.

Date:.....

Signature.....

Place:.....

Name:.....

Designation:.....

Emp. Code No.....

E-mail Address:.....

Countersigned.....

Signature of Controlling Officer
(with date & rubber stamp)