

jk"Vh; i kS| kfxdh I lFkku] mRrjk[k.M
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

APPLICATION FOR BOOKING OF AIR TICKETS

Self Guest/Expert

Title: Mr./Mrs./Ms./Dr./Prof.: _____

First Name

Middle Name

Last Name

Designation: _____ Matrix & Level: _____

Department/Section: _____

Employee Code: _____ Date of Birth: ___/___/___ Gender: _____

Mobile No.: +91-_____ Emergency contact no.: _____

Email: _____

Purpose of travel: _____

(Attach the copy of approval from competent authority)

Particulars of Journey:

Travel Date	From	To	Flight No.	Departure Time	Arrival Time

अभ्यासाध्यरयेतः विद्या

Signature

Recommended Not Recommended

Counter Signature of the HoD/Section Head/Incharge

To,
Assistant Registrar (Establishment)