

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

Date: _____

VISIT REPORT (TEQIP-III)

Name: _____ Emp. Code/Roll No: _____

Designation: _____ Matrix & Level: _____

Department/Section: _____

Sanction Order No. _____ Date: _____

Theme of the STTP/Workshop/Meeting/Conference: _____

Place of STTP/Workshop/Meeting/Conference: _____

STTP/Workshop/Meeting/Conference organized by: _____

Duration of STTP/Workshop/Meeting/Conference: From _____ To _____ = day(s): _____

Travel dates of STTP/Workshop/Meeting/Conference: Prefix _____ Suffix _____ = day(s): _____

Details of key speakers: _____

Details of theme experts: _____

No. of visitors: _____

Brief of STTP/Workshop/Meeting/Conference (Minimum 50 words):

अभ्यासाध्यरथेतः विद्या

Outcome of STTP/Workshop/Meeting/Conference (Minimum 20 words):

Signature

Forwarded to Accounts Section alongwith TA/DA Form

Counter Signature of Section Head/Coordinator/Director