## APPLICATION FOR PERMISSION FOR FOREIGN VISIT OF STATE GOVERNMENT OFFICERS

1.	Name			:					
2.	Designation			:					
3.	Name of the foreign Country / Countries proposed to be visited			:					
4.	Peri	iod of the visit		_					
5.	Mode of leave:		a) Earned leave						
				: Prefixing:					
				: Suffixing:					
			(b) Casual leave	: for	(			)	days on
		With HQ	leave permission	<b>:</b> w.e.f.			to		
6.	Purj	pose of visit		:					
7.	Nar	ne of the Person	(s)/	:					
	Org	anization to be w	visited and						
		elationship with nplete address ar							
		cluding e-mail) c ny, may be speci							
8.	Total estimated expenditure and source of funding Status of submission of assets								
				•					
9.	Stat	tus of submissior		: • Statomo	nt onclos	e d			
	Stat and	tus of submission liabilities statem	nent	: : Stateme			during the	visit:	
10.	Stat and Part	tus of submission liabilities statem	nent dent family memb			e officer			the officer
	Stat and Part	tus of submission liabilities statem	nent						the officer
10.	Stat and Part	tus of submission liabilities statem	nent dent family memb			e officer			the officer
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10. SI. N	Stat and Part 0. 1. 2. 3. 4. (a)	tus of submission liabilities staten ticulars of depen Details of hospi	hent dent family memb Name tality, if any,			e officer			the officer
10. SI. N	Stat and Part 0. 1. 2. 3. 4. (a)	tus of submission liabilities staten ticulars of depen Details of hospi	nent dent family memb Name			e officer			the officer
10. SI. N	Stat and Part 0. 1. 2. 3. 4. (a)	Details of hospi proposed to be the visit Attach sponsors	hent dent family memb Name tality, if any,	ers accompa	nying the	e officer Age	Relation	with 1	he officer
10. SI. N	Stat and Part 0. 1. 2. 3. 4. (a)	Details of hospi proposed to be the visit Attach sponsors if applicable Details of privat	tality, if any, e availed during hip document(s), te foreign travel	ers accompa	nying the	e officer Age		with 1	he officer
10. SI. N	Stat and Part 0. 1. 2. 3. 4. (a)	Details of hospi proposed to be the visit Attach sponsors if applicable Details of privat during last three	tality, if any, e availed during hip document(s), te foreign travel e years, if any,	ers accompa	nying the	e officer Age	Relation	with 1	he officer
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10. SI. N 11.	Stat and Part 0. 1. 2. 3. 4. (a) (b)	Details of hospi proposed to be the visit Attach sponsors if applicable Details of privat during last three (enclose a separ if necessary)	tality, if any, e availed during hip document(s), te foreign travel e years, if any,	ers accompa	nying the	e officer Age	Relation	with 1	the officer
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10. SI. N 11.	Stat and Part 0. 1. 2. 3. 4. (a) (b)	Details of hospi proposed to be the visit Attach sponsors if applicable Details of privat during last three (enclose a separ if necessary)	tality, if any, e availed during hip document(s), te foreign travel e years, if any,	pers accompa : : :	nying the	e officer Age	Relation	with 1	

# Status of Assets and Liabilities Statement <u>PROFORMA</u>

For the Period ending	:
Name of Officer (in full)	:
Present Post held	:
Present pay and allowances per month Basic Pay	: : Rs.
Allowances (details per month)	
Dearness Allowance	: Rs.
Dearness Pay	: Rs.
House Rent Allowance	: Rs.
Medical Allowance	: Rs.
Compensatory Allowance	: Rs.
Interim Relief	: Rs.
Special Pay	: Rs.
Gross Pay	: Rs.

## (A) IMMOVABLE PROPERTIES

### 1.SLand

Sl. No.	Precise Location	Area of Land	Nature of Land	Extent of interest	Value	In whose name the asset is	Date and manner of acquisition	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					(-)			

## 2.SHouse

Sl. No.	Precise Location	Extent of interest	Value	In whose name the asset is	Date and manner of acquisition	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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## 3. Immovable properties of other description, including mortgage and such other rights

Sl. No.	Precise Location	Extent of interest	Value	In whose name the asset is	Date and manner of acquisition	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Signature:

# B

#### (B) MOVABLE PROPERTIES

## 1.SCash, Bank Balance, Credit, Insurance Policies

Sl. No.	Description of Items	Value	In whose name the asset is	Date and manner of acquisition	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
	· · · ·				

#### **2.SOther movable properties:**

(every transaction in respect of National Savings Certificates or such things, shares, jewellery, motor vehicles, motor cycle, scooter, refrigerator, colour TV, air conditioner, etc., if the value of such properties exceeds Rs 10,000/- in case of Government servant holding any Class-I post or Rs 5,000/- in the case of government servant holding any Class-IV post)

Sl.	Description of Items	Value	In whose	Date and	Remarks
No.			name the	manner of	
			asset is	acquisition	
(1)	(2)	(3)	(4)	(5)	(6)

## (C) **E X P E N D I T U R E**

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1.	NPS / GPF Account No.:	
	Monthly Contribution: Rs.	
2.	Insurance Policy:	
	Annual Premium Paid: Rs.	
	Policy No./Nos.	
3.	Number of dependents in co	urse of education with monthly expenditure thereon:
	Number of dependent/s:	& Monthly expenditure: Rs.
4.	Monthly Cost on maintainin	g family:
best	I hereby declare that the do of my knowledge and belief.	eclaration made above is complete, true and correct to the

Date:

Place: \_\_\_\_\_

(Signature)

(Name in full)