

DEPARTMENT OF ELECTRICAL ENGINEERING
Indian Institute of Science
Bangalore 560012

Ref:

Date:

To,
The Public Relations Officer
IISc

Dear sir:

Sub: Approval for payment of TA/DA to the visitor.

Name of the Visitor (in BLOCK LETTERS) : _____

Designation : _____

Office Address : _____

Nationality : _____

Period of visit : _____

Purpose of visit : _____

TA/DA : _____

Honorarium : _____

Debit Head : _____

Name of the Faculty member : _____

Recommendation of the Chairman : _____