

**Proforma for approval to be submitted by the Host institute / Lecturer**

1. Name of the lecturer:

Affiliation:

Designation:

Phone

Email

2. Institute to be visited:

3. Address of the institute:

4. Contact person at the institute visited.

Name:

Designation:

Phone

Email

5. Expected travel expenditure:

6. Proposed plan of visit:

Lecture no.	Date	Time	Topics to be covered

Please send this to:

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