



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group
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TOUR REPORT PROFORMA

(To be furnished in duplicate on return from abroad)

1. Name of applicant: _____
2. Designation: _____
3. a) Name of the Supervisor : _____
b) Place of work of the Supervisor (Dept. & Inst.): _____
Address _____
City _____ State _____ Pin _____
Contact No with STD code _____ Mobile no _____
e-mail ids _____

4. Name of Conference/Symposium etc.: _____

5. Place of Conference/Symposium etc.: _____

6. Period of the Symposium/Seminar/Conference/Workshop etc:

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

7. Duration of Stay (date of leaving the country and return may also be given):

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

8. Indicate specific ideas or knowledge acquired or frontiers in knowledge gained during your visit (in about one typed page as Enclosure-I): _____

9. Highlights of the Conference , Important findings reported and recommendations : _____

10. Names of other scientists from India who participated with their address : _____

11. Whether any linkage has been built between the scientist and foreign scientists and, if so their names and institutions: (Enclosure-II): _____

12. Any other observation: _____

**1 | *INCOMPLETE TOUR REPORT IN ANY RESPECT WILL NOT BE CONSIDERED
ALL THE PAGES OF TOUR REPORT SHOULD BE SELF ATTESTED

**Signature of the applicant
with Date**

Observations of the Supervisor/Head of the department on usefulness of visit: _____

It is also certified that the information given by the applicant is correct.

**Signature of the supervisor with office seal
and Date**