

GOVERNMENT OF ASSAM
OFFICE OF THE DIRECTOR OF HIGHER EDUCATION; ASSAM
KAHILIPARA; GUWAHATI-19.

No.DHE/EG/Misc/FV/10/2019/706

Dated Kahilipara, the 14/06/2022

From:- Sri Dharma Kanta Mili, ACS
Director of Higher Education, Assam
Kahilipara, Guwahati-19.

To, ✓ The Principal,
All Govt./Provincialised Colleges/ Mahavidyalaya of Assam


Sub : Requirement of documents regarding permission of foreign visit

Sir,

With reference to the subject cited above, I have the honour to state that it has come to the notice that applications/proposals for foreign visit from some applicants come at the last hours and incomplete which makes processing of the proposal quite difficult due to paucity of time. As necessary official procedure mandates submission of the proposal with required documents as per check list (enclosed) 2 months prior to the proposed visit, hence all the Principals are hereby directed to strictly comply with the laid norms and request you to kindly furnish the proposal for foreign visit as per the duly filled up format(enclosed) along with relevant documents as per checklist (in 2 sets i.e one original one duplicate)on or before 2(two) months of the proposed visit for necessary correspondence with the Govt. of Assam, Higher Education Department.

This is for favour of your kind information and necessary action.

Yours faithfully,


Director of Higher Education, Assam
Kahilipara, Guwahati-19.

Memo No.DHE/EG/Misc/FV/10/2019/706-A
Copy to:

Dated Kahilipara, the 14/06/2022

1. P.S to the Commissioner & Secretary to Govt. of Assam, Higher Education Department, Dispur, Guwahati-06.

/
Director of Higher Education, Assam
Kahilipara, Guwahati-19.

Check List for Foreign Visit

Name of the Applicant: _____

Designation: _____ Department: _____

Name of the college: _____

Sl. No.	Documents to be checked	Findings	Serial No. of the documents
1	Forwarding letter by the Principal		
2	Application through by the applicant		
3	Duly filled in Prescribed Application form for foreign visit		
4	Duly filled in Status of Assets and Liabilities Statement		
5	Copy of first 4 pages (i.e pg-1,2,3,4) and last 2 pages (i.e pg-35,36 etc.) of Indian Passport		
6	Regular class attendance certificate for last six months by the college authority (in case of teaching staff)		
7	Leave Account Statement of the Applicant (if EL avail)		
8	Leave Sanction Order by the College Authority (Tick \checkmark on type of leave) (CL, EL, Semester/Winter/Summer Break)		
9	NOC with headquarter leave permission by the College Authority		
10	Acceptance letter for international Conference/Seminar/Workshop etc. (if any)		
11	Submission of Abstract in Conference/Seminar/Workshop etc. as oral presentation (if any)		

Verified by.

Signature of Principal.

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. Period of the visit : _____
5. Mode of leave: a) Earned leave : *w.e.f.* _____ *to* _____

: Prefixing: _____

: Suffixing: _____

(b) Casual leave : for (_____) days on _____

With HQ leave permission : *w.e.f.* _____ *to* _____

6. Purpose of visit : _____
7. Name of the Person(s)/
Organization to be visited and
its relationship with the officer.
Complete address and Contact Nos.
(including e-mail) of the host
if any, may be specified : _____
8. Total estimated expenditure and
source of funding : _____
9. Status of submission of assets
and liabilities statement : **Statement enclosed.**
10. Particulars of dependent family members accompanying the officer during the visit:

Sl. No.	Name	Age	Relation with the officer
1.			
2.			
3.			
4.			

11. (a) Details of hospitality, if any,
proposed to be availed during
the visit : _____
- (b) Attach sponsorship document(s),
if applicable : _____
12. Details of private foreign travel
during last three years, if any,
(enclose a separate sheet,
if necessary) : _____
13. Remarks : _____
14. Signature : _____
15. Date : _____

Status of Assets and Liabilities Statement

PROFORMA

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)

Signature:

2. House

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)

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) MOVABLE PROPERTIES

1.S Cash, 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. S Other 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-III or Class-IV post)

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

Signature:

(C) EXPENDITURE

1. NPS / GPF Account No. : _____

Monthly Contribution: Rs. _____

2. Insurance Policy:

Annual Premium Paid: Rs. _____

Policy No./Nos. _____

3. Number of dependents in course of education with monthly expenditure thereon:

Number of dependent/s: _____ & Monthly expenditure: Rs. _____

4. Monthly Cost on maintaining family: _____

I hereby declare that the declaration made above is complete, true and correct to the best of my knowledge and belief.

Date: _____

(Signature)

Place: _____

(Name in full)