

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

No.G(B)Misc.29/2013/571

Dated Kahilipara, the 14-03-2017

NOTICE


Applications for grant of NOC are received with documents and papers which are found lacking resulting in Query, Objections when sent to Government.

All Principals, Teachers are requested to enclose the following documents with applications so that the applications can be processed speedily. The purpose of visit and date of visit should be mentioned.

Documents required:-

- 1) Application for permission of foreign visit of State Government Officers alongwith status of Assets and Liability statement.
- 2) E.L. statement, if taken.
- 3) A certificate of class attendance based on attendance record of preceding 6 months.



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

APPLICATION FOR PERMISSION FOR FOREIGN VISIT OF STATE GOVERNMENT OFFICERS

- Name :
2. Designation :
3. Name of the Country/Countries :
proposed to be visited
4. Period of visit :
5. Mode of Leave :

6. Purpose of visit :
7. Name(s) of the person(s)/Organisations :
to be visited and its relationship with the
officer Complete address and contact
numbers (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
10. Particulars of dependent family members :
accompanying the officer during the visit

Sl No	Name	Age	Relation with officer
1			
2			
3			
4			

11. (a) Details of Hospitality, if any, :
proposed to be availed during the visit
(b) Attach sponsorship document, if :
applicable
12. Details of private foreign visits during last :
three years, if any (enclose separate
sheet if necessary)
13. Remarks :

Signature :

Date :

B. MOVABLE PROPERTIES :

1) Cash, Bank Balance, Credit, Insurance Policies :

Sl. No.	Description of items	Value	In whose name the assets is	Date and manner of acquisition	Remarks
1	2	3	4	5	6

2) OTHER MOVABLE :

Sl. No.	Description of items	Value	In whose name the assets is	Date and manner of acquisition	Remarks
1	2	3	4	5	6

C. EXPENDITURE :

G.P.F. Account No..... monthly contribution No.....

insurance Police : Annual Premium paid Rs.....

Policy No.....

Number of dependents in course of education with monthly expenditure thereon
Rs.....

Monthly cost of maintaining family Rs.

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

Date

(Signature)