

**To,
Commissioner Health
Madhya Pradesh,
Satpura Bhawan, Bhopal**

Application form for Permission to go abroad

01. Full Name :
02. Present Post held :
03. Place of posting :
04. Pay Scale :
05. Nature of service :
(Regular Govt. Employee/Autonomous
Contractual/Autonomous Regular/Others)
06. Total Length of Service (in years) :
07. Intended places to be visited abroad :
(Name of place and country)
a. Proposed date of departure :
b. Proposed date of return back on duty :
08. Purpose of visit : -----
(Official/Private - give details)

09. In case the applicant is participating in a conference/workshop etc. on an official invitation, the copy of invitation be attached: -----
10. Duration for which permission is desired : -----
Justification for the duration be given.

11. Details of visit abroad during the last 24 months

S.No.	Duration and dates of visit	Places Visited	Purpose (Official/Private)	Remarks

12. Whether any departmental or vigilance enquiry is pending against you :

13. Contact address during visit abroad with phone number :

:

14. Recommendation of the Competent authority*

15. Comments by HC*

***Note:**

1. The competent authority should process application and forward it to the HC in 4 days, who would in turn process and send to Government in another 3 days.
2. Application should be submitted at least one month before the scheduled date.

16. I also give the following undertaking

- (a) The cost of the above mentioned foreign travel would be fully borne by me.
- (b) That I will separately get sanction of leave from competent authority for the above mentioned period.
- (c) That I will bear my own medical/hospitalisation expenses during my visit for the above period.
- (d) That I will not do any job or take up any full time/part time employment or appear in any interview for employment during the above period in the countries where I have asked permission to.
- (e) That I will not seek extension in the period of leave and would join back duty after the completion of above mentioned period.

Date :

**Signature of
Applicant**

Place :

Copy to :-

1. Principal Secretary, Govt. of Madhya Pradesh, Public Health & Family Welfare Department, Vallabh Bhawan, Bhopal for information.

Date :

**Signature of
Applicant**

Place :

कार्यालय का नाम

क्रमांक

दिनांक

प्रमाण पत्र

प्रमाणित किया जाता है कि

पदनाम पदस्थापना

के विरुद्ध कोई शिकायत/विभागीय जांच/लोकायुक्त प्रकरण/न्यायालयीन प्रकरण/ई.ओ.

डब्ल्यू. प्रकरण/अनाधिकृत अनुपस्थिति प्रकरण लंबित नहीं है।

हस्ताक्षर
कार्यालय प्रमुख