

14 Point CHECK LIST

1	Name and Designation of the Officer proposed for training / official visit abroad	
2 (i)	Date of birth	
(ii)	Date of initial appointment	
(iii)	Date of appointment to the present post	
(iv)	Date of retirement	
(v)	Date of completion of tenure / Deputation period	
(vi)	Educational qualification	
3	Details of foreign visits undertaken by the officer during last 3 years	
4.	Administrative Clearance	
5.	Vigilance Clearance	
6.	Date of commencement of Journey from India	
7.	Date of commencement of Visit	
8.	Date of completion of visit	
9.	Date of return of India	
10.	Purpose of Visit	
11.	How it will benefit the Port	
12.(i)	Likely expenditure on room rent, Hotel accommodation as per entitlement in the empanelled hotel	
(ii)	Expenditure on Daily Allowances	
(iii)	Expenditure on return to and Fro air tickets	
(iv)	Expenditure on accounts of course fee / training fee	
(v)	Other expenditure, if any (Specific)	
(vi)	Total expenditure (Add (i) to (v))	
(vii)	Whether adequate funds are available under the approved Heads of the budget	
13.	Has the Chairman of the Port Trust approved the visit	
14.	Whether copy of the invitation / Brochure other relevant details of the Training programme enclosed	

DEA PROFORMA FOR FOREIGN TRAINING

1. Name :
2. Date of Birth :
3. Educational Qualification :
 - (i) Academic :
 - (ii) Technical :
4. Contact Nos.
 - (i) Phone Number (With STD Code) :
 - (ii) Fax Number (With STD Code) :
5.
 - (i) Service to which belongs :
 - (ii) Year of appointment / allotment :
 - (iii) Present Post and scale of pay :
 - (iv) Date from which the current post held :
 - (v) Details of previous posts held :
 - (vi) Details of posts held which are relevant to the course :
6. Relevance of the course to the candidate knowledge in the field of Port operations :
7. Papers etc., published by the candidate : -

8. List of Training courses attended abroad:

Sl. No.	Dates & Duration of Training	Subject / Title of training	Name of the Training Institution	Source of funding

9. List of Training courses attended in India :

Sl. No.	Dates & Duration of Training	Subject / Title of training	Name of the Training Institution	Source of funding

Date :

Place :

Signature of the Candidate