NATIONAL INSTITUTE OF EDUCATIONAL PLANNING AND ADMINISTRATION

Application for Seeking Permission/NOC to Visit Abroad

{Both sides of application duly completed should be submitted to the office of the Registrar (NUEPA) at least 30 days in advance of the proposed visit}

1. Name /Designation :

2. Name of the Department/Section :

3. Proposed Place of Visit Abroad :

4. Proposed Date of Visit Abroad :

5. Nature and Period of Leave Applied
    and date of submission of application :

6. Whether Leave Applied for
    has been sanctioned :

7. Total Expenditure
    (Both "to & fro" fare and other Expenses) : `

8. Source of Financing and other Expenditure :

9. Local Address of the Proposed location abroad :

10. Any other Details relevant to the Proposed Visit :

Place:
Date: Signature of Applicant

Recommendation of the HOD

Place:
Date: Signature of HOD

PCERTIFICATE TO BE GIVEN BY THE OFFICIAL FOR ISSUE OF N.O.C. FOR VISIT ABROAD

This is to certify:

a) That I, (Name)_____Designation_____
   am citizen of India.
b) That I will not engage myself outside India in activities prejudicial to the sovereignty and integrity of India.
c) That my departure from India may not, or is not likely to be detrimental to the security of India.
d) That I have not, at any time during the period of five years immediately preceding the date of my application, been convicted by a court in India for any offence involving moral turpitude and sentenced in respect thereof to imprisonment for not less than two years.
e) That no proceedings in respect of any offence alleged to have been committed by me are pending before a Criminal Court in India.
f) That no warrant or summons for the appearance, or no warrant for the arrest, of mine has been issued by Court under any law for the time being in force or that no order prohibiting the departure from India of the applicant has been made by ay such Court.
g) That I have never been repatriated.

Place:
Date: Signature of Applicant:
                                                Name:
                                                Designation:
                                                Department:

Countersigned

Place:
Date: Signature of HOD