

Kathmandu University School of Medical Sciences

Dhulikhel, Kavre

TRAVEL REQUEST FORM

National / International Travel

As per annex 3.2

Personal Detail

Name _____

Position _____

Department/ Section _____

Travel Detail

Purpose of Travel _____

Place and Country _____

Period _____ to _____

Remarks _____

To be Filled by HOD / Section Chief

Name: _____

Signature:

Requested By:

Recommend By

Approved By

Traveler's Signature

Associate Dean -C.P./CAO

Dean

Date:

Date:

Date: