

SUBJECT: SLNP-(Ch)

TOUR REPORT

NAME(s): VIKASH KUMAR PANDEY PERIOD: .05/10/2017 to 19/10/2017

MEETINGS:

ENGINEER

VENUE: AMBIKAPUR MUNICIPAL CORPORATION, (C.4)

MAIN PERSONS CONTACTED: MR- VED PRAKASH DINDORE

BRIEF SUMMARY:

DESIGNATION

* For SLNP Project Supervision & monetaring.

* met with municipal corporation officials in Ambikapur (c.v.) and work start. and Dealy field Visit.

* work start and Received CCMs matterial.

CLASSIFICATION:

[] CONFIDENTIAL []

RESTRICTED

SIGNATURE (S)

SUPERVISOR

SIGNATURE

ENERGY EFFICIENCY SERVICES LIMITED

TOUR APPROVAL FORM

Details of the Employees proposing to undertake the tour:

Name	Designation	Emp. No.	Department	
VIKASH KUMAR PANDEY	ENGINEER	NC 07392	SLNP (CL)	

Details of the Tour:

1.	Complete address of the place(s) to visit:	AMBIKAPUR (C.U)				
2.	Contact Person:	MR. VED PRAKASH DINDORE				
3.	Purpose of the Tour:	in Ambikabur Disitric (cu) * for material Received (SLNP) in Ambik -apur: 2 CCms material Received *Along with site visit.				
4.	Proposed period of tour:	Dy(5)(5/10/2017 to 19/10/2017)				

Details of the Movement:

S/No.	Date of Travel	Train / Flight Name & No.	Sta	tion	Class	Remarks
			From	То		
1)	5/10/2017	By Bus	Raifur	Ambikaons	12	By Bus.
27	20/10/2017	By Bus	Ambikapar	Rutpur.	52	By Bus.

Date: 28/10/2017

Signature of the Employee

Comments of the Controlling Officer:

Comments of the HOD:

Tour Approved / Not Approved.

Signature of the MD (EESL)



TOUR INFORMATION REPORT

Name of Executive:

VEKASH KUMAR PANDEY

Designation:

ENGINEER

Reporting Officer:

MR. VED PRAKASH DINDORE

Proposed Date: 4/10/2017 From: 5/10/2017 To: 19/10/2017

Project Details: SLNP (CM)

Purpose of Visit

Project Development **Project Co-ordination** Project Implementation

Follow-up meeting ☐ Preliminary Meeting Project Supervision

☐ Seminar/Workshop/Presentation ₽Project Execution ☐ Project Kick-off

8002152970.

☐ Techno-commercial Discussion

□Other (specify):Click here to enter text.

Implementation for

Distribution process

Training on ground

□Approved

Approving Authority

☐ Not Approved

		CY SERVICES LIMITED ALLOWANCE CLAIM	17-4	e:-	5/10/2	017	
100	NC 07392			115	T A	MBIKAPUR	
CARD	EMPLOYEE NO.			Mth Days			
Name	VIKASH KUM- AR PANDEY	Designation ENUI	NEFR	Scale of Pay	24994	Basic Pay	2.236/_
Departme	ent UPI	н.о	NoIi	DA W	Ö		
Section Note :		f total TA admissible on in favour of Energy E	Efficiency Serv	ices Limited			
						UNTS DEPTT.	
		Amount Claime (to be filled in by employee)(`	the (er	ter only if cl	eted by Accounties are claims are claims of by company of Amount(`)	ed Rer	narks
Section-I 1. Journey	/ Fares					BY B	us self Book
	By Air y Rail & <u>Road</u>	800	1-				
		Cost of Ticket Dr.					
2. Convey	ance charges	1747				Auto	Self Book
- Boarding	& loading charges	22500/-	_			Sulf	Booked
A. Total		25.047	1-1				
Less Adva	nce drawn from:						
C. NET CI	LAIM	25047	1-				
				Pay	/ (^)	Net C	laim
	-	2 5 0 4	7/-				
D. Refun	d by cheque			Re	cover (`)		
Chequ	ue No	Dated					Accounts Officer
*The can	cellation of booking	ng was due to official r	easons				
			Nan	ne e	Na	gnature of Head of ame signation	Department
*To be f	urnished when ca	ncellation charges are	claimed				
		A CONTRACTOR OF THE	^				

Tour Allowance Claim Form for UPL Executives SECTION I: JOURNEY DETAILS (Please Indicate Ticket No. or attach M/R wherever fare claimed is for other than IInd Class and for air journey and bus journey enclose used ticket/folders) Model Train Departure Arrival Purpose of Ticket No./MR & Class No./ Journey Amount No./Bus Ticket Remarks of Station Train Claimed Time Station Date Time (Please give Date No. travel Name details) * for Sufor-Ambikapu SL 400 5/10/17 3:00pm 05/19201 8:000 Raipur By Bus wanter 400 Raipur SL Ambikapar 20/10/17 9:09m *Note: Where tickets are provided by the company the fare may be indicated in remarks column. SECTION II: DETAILS OF CLAIM FOR Boarding /Lodging Boarding & Slab Lodging charges Midnight No. of Station days Rates (00hrs) spent 900 13500 5/10/2017 15 1921012017 600 9000 15 22500 Total Total NOTE: Please enclose the supporting bill /declaration to 1. Leave availed (if any) at SECTION III: DETAILS OF CONVEYENCE CHARGES CLAIMED NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant. Place of Visit Station-Distt. In (specify Locality) Amount Means of wise weekly Purpose (in brief) Kms. Date Station SI No. () Travel total (approx) To From BWD Stor 25 Hotal. Amiskafa' 7 KM Auto 5/10/17 17 Noyhige Auto 20 5 Km 6/141 HOPM 12 2) Matty May Auto 30 8 km 37 6/19/1 1) Ramanus 30 6/10/17 10/20 Auto 27 4) Ramanu Auto 6/19/17 31 5) Hopy 30 8 km Auto 6 1612 747 Total CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated days. Counter signed Signature

(Name & Designation of the Controlling officer)

Signature of Employee

Date: 28/10/2017

Tour Allowance Claim Form for UPL Executives

BILL/CERTIFICATE for Boarding/Lodging Charges

Certified that I have incurred expenditure of about less than Rs. 25047 — towards boarding/lodging expenses during the 51012017 to 1910/2017 days of calendar month

Name- VIKASH KUMARPAND

Designation- Engineer.