

अखिलभारतीयआयुर्विज्ञानसंस्थान,
(स्वास्थ्यऔरपरिवारकल्याणमंत्रालय/ प्रधानमंत्रीस्वास्थ्यसुरक्षायोजना, भारतसरकार)
मंगलगिरि, आंध्रप्रदेश – 522503

All India Institute of Medical Sciences
(Ministry of Health and Family Welfare/ PMSSY, Government of India)
Mangalagiri, Andhra Pradesh– 522503

FORM FOR REIMBURSEMENT OF REGISTRATION FEES

Name of the Employees	
Employee ID No:	
Department	
Purpose of Registration Fee Paid	
Brief Details about the Conference/Meeting	
Details of Amount paid	
Copy of Office Order	

(Documentary evidence (Receipt) in support of payment is enclosed.

Signature of the Employee

Head of the Department

(for Office use in Finance & Accounts)

Amount Rs.

Passed for payment of Rupees

Dealing Assistant.

Accounts Officer/ DDO

FA

Director