NATIONAL INSTITUTE OF VIROLOGY, PUNE - 411 001

INDIAN COUNCIL OF MEDICAL RESEARCH

20-A Dr. Ambedkar Road, Post Box No. 11, Pune - 411 001 (INDIA)

(HONORARIUM BILL)

File No. Dated _____

1. Name and full address of member _____
   and permanent Income Tax A/c. No. _____
2. Name of Treasury or full address of _____
   Disbursing Office from which the salary is drawn _____
3. Name of the meeting and Institute where _____
   meetings were held _____
4. Received for the (date) _____ as honorarium for assisting the NIV as an Official/Non-Official Member of Meeting held at _____
   _____
5. Sanction of the Indian Council of Medical Research is hereby conveyed to the appointment of
   Prof./Dr./Shri. _____
   _____
   as an Official/Non-Official Member for assisting the Council in their meeting held at _____
6. Certified that the member has attended the meeting on the date (s) referred to above.
7. Certified that lunch/no lunch was served.

Rate		Amount	
Rs.	ps.	Rs.	ps.
		Total Rs.	

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