

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 _____

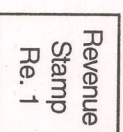
Rate		Amount	
Rs.	ps.	Rs.	ps.
Total Rs.			
5. Sanction of the Indian Council of Medical Research is
hereby conveyed to the appointment of
Prof./Dr./Shri. _____
_____ as an Official/Non-Official Member for assisting the
Council in their meeting held at _____
6. Certified that the member has attended the meeting on
the date (s) referred to above.
7. Certified that lunch/no lunch was served.

Admn. Officer/Sr. Admn. Officer,
National Institute of Virology, Pune - 1

Section Officer,
National Institute of Virology, Pune - 1

Please pay to self by crossed cheque

Date _____



Passed for Rs. _____ (Rupees _____)
_____)

Drawing and Disbursing Officer
National Institute of Virology, Pune - 1

Pay Rs. _____ (Rupees _____)
_____)

Date :

Accounts Officer
National Institute of Virology, Pune - 1.