अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

All India Institute Of Medical Sciences - New Delhi

REQUISITION SLIP FOR AIR TRAVEL BOOKING

(FOR AIIMS-NEW DELHI EMPLOYEES ON OFFICIAL TRAVELS)

1	Personal Details:	Date	
	Name (in Block letters)		
	Employee No.		
	Salary Code:		
	Contact No.		
	Email id		

2 **Type of concerned Admn (tick the appropriate box): for Billing (Cash Less)***

A	☐	Examination Section	B	☐	CDER
C	☐	DO	D	☐	JPNATC
E	☐	Faculty Cell	F	☐	Academic Section
G	☐	Research Section	H	☐	NCI, Jhajjar
I	☐	Hospital	J	☐	Dr. BRAIRCH
K	☐	RPC	L	☐	NDDTC
M	☐	CNC			

3 Details of Booking: i.e. Nature of Journey : (please tick)

National ☐	**International** ☐	**Both** ☐

PASSENGER NAME IN CAPITAL*	GENDER*	DOB	Frequent Flyers No.

4	From	To	Date / Time	Flight No.	Class (Eco. / Bus.)	Remarks
ONWARD						
RETURN						

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