

CENTRAL COUNCIL OF INDIAN MEDICINE

NEW DELHI

Claim of sitting fee for attending meeting through video conference

1. Name (in Block Letters) _____
2. Grade Pay/ Basic Pay _____
3. Name & Address of the Institution, where Employee with Designation

4. Bank Account No. _____
5. Bank IFSC Code No. _____
6. Name of the Bank & Branch _____
7. E-Mail ID _____
8. Mobile No. _____
9. Address

10. Date & Time of Meeting _____
11. Purpose of the Meeting _____

Dated: _____

Signature of Claimant

Verified By:

AR (Ayurveda)

AR(Unani)

AR (Siddha)

Passed for Payment of Rs. _____

Rupees _____

**SECRETARY
CCIM**

