

## THE NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE (TRAVEL AND PERDIEM CLAIM FORM) WHO/UNICEF/USAID/WORLD BANK FUNDS

**PARTI** 

(To be filled by Resource Person/Participant/Govt. Servant)

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esigna	tion	2.								
lead Quarters (Institute)					District		State			
Basic Pa	v + NPA (WI	nerever Ap	plicable)							
								To	,	
SI. No. Date	Departure		Arrival		Mode of Travel	Class of Journey	Distance (in Kms.)	Fare (In Rs.)	Ticket No. (Copy of Ticket to be	
	From (Place)	Time	At (Place)	Time	Road/Air/ Rail	1st AC/ 2nd AC/SL			Enclosed)	
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					CI	ERTIFICAT	E			
					ive not been el by Road/ A			at the sta	tements made are tru	
								(Signa	iture of Claimant)	
	Dated_					*	Name			
							Design	Designation		