

NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH

(Indian Council of Medical Research)

J. M. Street, Parel, Mumbai - 400012

(HONORARIUM BILL)

Dated _____

File No. _____

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 NIRRH as an
Official/Non-Official Member held
at _____
5. Sanction of the Indian council of Medical Research
Is here by conveyed to the appointment of
Prof/Dr/Shri _____

Rate		Amount	
Rs.	P.	Rs.	P.
Total Rs.			

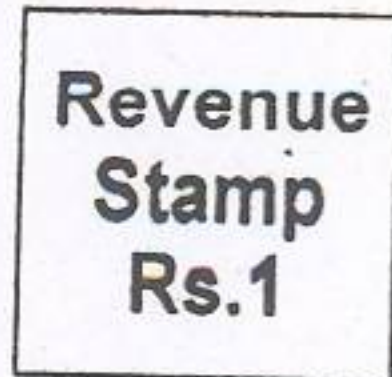
6. Certified that the member has attended the
Meeting on the date(s) referred to above.
7. Certified that lunch/no lunch was served.

Sr. Admn. Officer NIRRH

Section Officer
National institute For Research in Reproductive Health
Parel, Mumbai -12

Please pay to self by crossed cheque

Date _____



Passed for Rs. _____ (Rupees _____)

Drawing & Disbursing Officer
National Institute For Research in Reproductive Health
Parel, Mumbai-12

Pay Rs. _____ (Rupees _____)

Date _____

Accounts Officer
National Institute For Research In Reproductive Health
Parel, Mumbai-12