izi= la[;k Form No.&3

*भारतीय आयुर्विज्ञान अनुसंधान परिषद* **Indian Council of Medical Research**

**jk"Vªh; vlapkjh jksx vuqla/kku dk;kZUo;u laLFkku] tks/kiqj**

**National Institute for Implementation Research on Non Communicable Diseases, Jodhpur**

**vkdfLed vfxze gsrq vkosnu Application for Contingent Advance**

1.नाम Name ............................................................................ 2. पदनाम Name of the Post ................... ..............................................................

3. आवश्यक अग्रिम राशि Amount of Advance Required............................... 4. प्रयोजन Purpose ...................................................................................

5. यदि अग्रिम प्रवास के लिए है तो प्रवास कि अवधि If the advance is for tour, write its period ....................................................................

6. क्या पहले कोई अग्रिम व्यवस्थापन हेतु बकाया है, यदि हां तो (क) अग्रिम लेने की तिथि, राशि व प्रयोजन लिखें Whether any advance is pending for adjustment. If yes, write its date, amount and purpose of advance .........................................................................................................................

7. यदि अग्रिम प्रकल्प के अंतर्गत चाहिये तो कृपया प्रकल्प का नाम लिखें ..................................................................................................................

If advance is required under the project, please write the name of the Project .........................................................................................................

संस्तुतित एवं अनुमोदन के लिये प्रेषित vkosnd ds gLrk{kj Signature of Applicant

Recommended & Forwarded for Approval fnukad Date………………………………

foHkkxk/;{k@vuqHkkxk/;{k ds gLrk{kj Signature of HOD/Section Officer

8- mDr lwpuk tk¡p yh xbZ gS

Above cited information has been checked

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Signature of Section Officer (Admin)

vuqeksfnr@vuqekfnr ugha

Approved/ Not Approved

Lohd`r djus okys izkf/kdkjh ds gLrk{kj

Signature of Sanctioning Authority

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Passed for Rs. …………………..