

अखिल भारतीय आयुर्विज्ञान संस्थान, पटना



SIGNATURE WITH DATE

AIR TICKET BOOKING FORM

(In reference to Office Order no.AIIMS/Pat/Admn/2018/271 dt. 29.06.2018) (PLEASE FILL UP THE BOOKING FORM IN CAPITAL LETTERS ONLY)

Full Nam	e of the Employee :(Di	r./Mr./Mrs./Ms.)				
Designat	ion:	Do	epartment:			
E-mail Id	:	N	lobile.:			
Date of Birth:			Gender:			
Purpose	(Please tick): Official/Cor	nference (National/Inte	ernational)/Seminar	/Workshop		
ONWARI	D JOURNEY					
SI. No.	Date/Time	From	То	Flight Name & No.	Class	
1.						
2.						
3.						
DETUDAL	JOURNEY:		L		I	
SI. No.	Date/Time	From	То	Flight Name & No.	Class	
1.						
2.						
3.						
Request	if any :					
				y the Employee. A copy of ft copy of passport shall a		

For Official Use

Ticket has been booked/cancelled through M/s. Balmer Lawrie and forwarded to concern Faculty/Officer/Official by the Travel Agency. The payment to the agency may be made for official who had booked the ticket.