



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
साकेत नगर भोपाल (मध्यप्रदेश) – 462020
Saket Nagar, Bhopal (M.P.) – 462020

CERTIFICATE OF PAYMENT RELATED TO FOOD BILLS

This is to certify that I _____

Department _____ AIIMS Bhopal. I was on tour to _____

for the period from _____ to _____. In connection with the official training programme. I have incurred an expenditure amounting to Rs. _____

(in figure) _____ Only (in words) for food bills during the stay of tour.

The cash memo of the food bills are not readily available with me.

Date :

Signature : _____

Name : _____

Department : _____