

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi – 110029

**APPLICATION FORM FOR
GRANT OF ADVANCE – SPECIAL FESTIVAL PACKAGE**

| | | |
|-----|---|--|
| 1. | First Name | |
| 2. | Last Name | |
| 3. | Date of Birth | |
| 4. | Mother or Father Name | |
| 5. | Mobile No. | |
| 6. | Address | |
| 7. | City | |
| 8. | State | |
| 9. | PIN Code | |
| 10. | Designation/Post Held | |
| 11. | Salary Code | |
| 12. | Bank Account No. | |
| 13. | Name of Bank, Branch, IFSC Code | |
| 14. | Department/Section | |
| 15. | Permanent / confirmed / TS post | |
| 16. | Grade Pay (6 th CPC) / Pay Level (7 th CPC) | |
| 17. | Whether any festival advance due | |

I certify that the facts stated above are true to the best of my knowledge.

Signature with of the applicant
Extn. No. if any.

Signature of the officer-in-charge/Prof. & Head
of the Dept. with designation