

**CENTRAL COUNCIL OF INDIAN MEDICINE**  
**NEW DELHI**

**APPLICATION FORM FOR THE PERMISSION OF AIR JOURNEY**

NAME OF APPLICANT \_\_\_\_\_

STATUS OF THE APPLICANT \_\_\_\_\_  
(OFFICIAL/NON OFFICIAL)

IF OFFICIAL \_\_\_\_\_  
(SERVICE IN CENTRAL GOVT./  
STATE GOVT./PRIVATE MANAGEMENT)

DESIGNATION \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

GRADE PAY/BASIC PAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PURPOSE OF JOURNEY \_\_\_\_\_

VISITING PLACE \_\_\_\_\_

REASON FOR AIR JOURNEY \_\_\_\_\_

Note:- The applicant should filled up each and every column. I certify that the above information true and correct

**SIGNATURE OF APPLICANT**

DATE: \_\_\_\_\_

Air Travel permission may be sanctioned/may not be sanctioned.

Dealing Hand

Accountant

A.S(Admn.)

Secretary

**PRESIDENT  
CCIM**