

डी एन ए फिंगरप्रिंटिंग एवं निदान केन्द्र

(जैव प्रौद्योगिकी विभाग, विज्ञान एवं प्रौद्योगिकी मंत्रालय, भारत सरकार का स्वायत्त संस्थान)

CENTRE FOR DNA FINGERPRINTING AND DIAGNOSTICS

(An autonomous institute of the Dept. of Biotechnology, Ministry of Science & Technology, Govt. of India)

**CDFD**

FORM FOR PAYMENT OF HONORARIUM / SITTING FEE FOR ATTENDING
_____ Meeting at CDFD on _____

1.	Name (in BLOCK Letters)	
	Designation	
2.	Full Address (Office)	
3.	Purpose of Meeting	
4.	Honorarium / Sitting Fee	_____ (Rupees.)
5	City	
6	State	
7	Country	
8	Account No.	
9	Bank Name.	
10	Branch Name	
11	IFSC Code	
12	Mobile	
13	PAN Number	

Certified that I participated in the meeting on _____ the Claim is only in respect of Honorarium / Sitting Fee for participating in the meeting.

Signature of Claimant (With date)