

**All India Institute of Medical Sciences
Jodhpur

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

1	Name of Applicant	
2	Date Of Birth	
3	Date of Joining	
4	Designation	
5	Section/Deptt. to which attached	
6	Particular of permanent/confirmed/T./S. post	
7	Grade pay/Pay Matrix	
8	Festival Advance applied for	
9	Whether any festival advance dues.	

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

Signature with date of the of applicant _____

Phone No. _____

Signature of the Officer-in-Charge/Prof. & Head
Of the Deptt. With Designation