

ICMR- NATIONAL INSTITUTE OF MEDICAL STATISTICS

ANSARI NAGAR, NEW DELHI- 110029

"CANTEEN REQUISITION SLIP"

GST No.:- 07AAEAT4818Q4ZR

Please serve Tea & biscuit/Lunch in the _____(Place) during the meeting scheduled to be held on _____(Date & Time) at ICMR-National Institute of Medical Statistics, New Delhi.

Meeting Name:- _____

The required items and quantity noted below.

ITEM	QUANTITY	TIME

TYPE OF MEETING:- Director Office/ Administration/ Project

If Project (Project Name):-

The above meeting is organized with the approval of Director

DIRECTOR / HEAD OF OFFICE / PI-Project
(FOR DIRECTOR)

CANTEEN MANAGER,
ICMR, NEW DELHI.