HOMI BHABHA CENTRE FOR SCIENCE EDUCATION

Form for Official Air-booking

	Date :
Name of the staff member	:
Section	:
ID code	:
Purpose of the Trip	:
From :	To:
Date and time of outward jo	ourney :
Date and time of return jou	rney :
Funding from	:
	that in case I receive reimbursement for my air ticket from an ourse the fare received by me to HBCBSE.
	Signature of the staff member
	For Office use
Booking through	
Name of the agency	
Airline	Flight No
Booked by	

(name & signature of the staff member)