
Date:-----

Director/International Health
Ministry of Health

Reimbursement of Incidental allowance for attending training workshop/ conference/ meeting/ study tour in abroad (after the travel)

Reference is made to your nomination letter no: _____

I have been participated for the following meeting/Workshop/programme.

Description of fellowship : _____

Date : _____

Country : _____

Please be kind enough to make necessary arrangements to reimburse the incidental allowance as the organizer did not cover incidental/other expenses.

_____(Signature of applicant)

_____(Designation)