



All India Institute of Medical Sciences, Bhubaneswar
Sijua, Post: Dumuduma, Bhubaneswar - 751 019

AIR TICKET BOOKING FORM

एयर टिकट बुकिंग फॉर्म

PLEASE FILL UP THE BOOKING FORM IN CAPITAL LETTERS ONLY

Name of the Faculty/Staff :

(Please tick (✓) Mr./Ms.)

Designation :

Department :

E-mail id :

Mobile Number :

ONWARD JOURNEY:

Sl. No.	Departure Date/Time	From	To	Flight Name & No.
1.				
2.				

RETURN JOURNEY:

Sl. No.	Departure Date/Time	From	To	Flight Name & No.
1.				
2.				

Journey Type :

Number of Passengers :

Name to be given as it appears in the Photo ID which will be carried by the Faculty/Officer/Staff.

For Official Use

Air ticket has been booked/cancelled through M/s. Balmer Lawrie and forwarded to the concern Faculty/Officer/Official by the Travel Agent.

SIGNATURE OF THE FACULTY/OFFICER/OFFICIAL WITH DATE