
Date:-----

Director/International Health
Ministry of Health

Request of Incidental allowance for attending training workshop/ conference/ meeting/ study tour in abroad

Reference is made to your letter no: _____

I have been nominated to participate for the following meeting/Workshop/programme.

Description of fellowship : _____

Date : _____

Country : _____

Please be kind enough to make necessary arrangement to obtain the incidental allowance as the organizer will not cover incidental/other expenses.

_____ (Signature of applicant)

_____ (Designation)