



Workflow of Booking of Appointment in Centralized Core Research Facility



**CENTRALIZED CORE RESEARCH FACILITY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI – 110029**



CHALLAN

Date

Booking ID

Name and Designation of PI.....

Department

Project Code

Title of Project

Facility to be used in CCRF

Amount to be paid

Mode of Payment Debit/Credit card NEFT/RTGS Project transfer

Transaction ID

Signature and Stamp of P.I.

**Signature of Scientist
(concerned Facility in CCRF)**

**Signature of Scientist
[CCRF-Manager]**