

**ICMR- National Institute of Epidemiology, T.N.H.B.
Ayapakkam, Chennai 77**

Request for Lunch from NIE Canteen*

Date:

Name of the Project/Plan		
1.	Requested by (Name & Designation) :	
2.	Lunch required for official meeting on _____ & Time _____ AM/PM	Normal Lunch: <input type="checkbox"/> _____ No(s) Meeting Lunch: <input type="checkbox"/> : Veg <input type="checkbox"/> Non-veg <input type="checkbox"/> _____ No(s)
3.	Signature (Scientists/PIs/HoD)	
4.	Administrative Officer	

*Indent value should be less than Rs.2,000/-

Note: Prior submission of request, one day in advance is appreciated.