Assam Health Infrastructure Development & Management Society, Govt. of Assam
Tour Diary For the Month of _____

Name:

Designation: **Place of Posting:**

Sl. No.	Date	Time	Place Visited		Purpose
			From	To	

Signature of Claimant:

Vetted by:

Senior Project Manager, ASSIST Project/
Project Manager (Team Leader) AHSS Project

Approved by:

Project Director,
Assam Health Infrastructure Development & Management Society (AHIDMS)