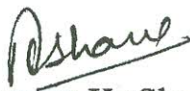


**MINISTRY OF DEFENCE**  
Office of JS & CAO  
(DEFENCE HEADQUARTERS TRAINING INSTITUTE)

**SUB : WORKSHOP ON MEDICAL REIMBURSEMENT  
& I-TAX CALCULATION ON 08 DEC 2017**

1. The Defence Headquarters Training Institute (DHTI) will be organizing a Workshop on Medical Reimbursement & Income Tax Rules on 08 Dec 2017 in its premises located in B-Block, Room No. 185-A. The classes will be held from 10:00 AM to 04:30 PM.
2. **Objectives:** The course has been designed to attain following objectives:
  - (i) Enable participants to prepare/ scrutinize Medical Reimbursement Bills.
  - (ii) Acquaint participants with 'Salary Head' Income Tax Rules and enable them to fill/ scrutinise Income Tax Returns.
3. **Eligibility:** Workshop is meant for all officials of AFHQ Cadre.
4. The applications of individuals desirous of undergoing the workshop may be forwarded in proforma at Appendix 'A' to this note, duly recommended, by **30 Nov 2017**. Selection of candidates will be based on merit and on first come, first served basis. The selection will be intimated separately.

  
(Puneet Kr Sharma)  
Asstt Dir, DHTI  
Tele: 23792437

**AS PER STANDARD DISTRIBUTION LIST**

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MoD, JS (T) & CAO, ID No. A/26002/61/CAO/Trg dt 17 Oct 2017

CAO/EDP

**APPENDIX 'A'**

**WORKSHOP ON MEDICAL REIMBURSEMENT & I-TAX**

(08 Dec 2017)

**APPLICATION PROFORMA**

|    |   |  |
|----|---|--|
| 1. | Name (English) Shri/Smt/Kum.<br>Name (Devnagiri)              |  |
| 2. | Employee I.D. No  |  |
| 3. | Date of Birth & Age   |  |
| 4. | Designation & Date of Appt in the Grade                       |  |
| 5. | Educational Qualification                                     |  |
| 6. | Natures of Duties being performed at present                  |  |
| 7. | Office Address {Including Room No, Block No., Building, etc.} |  |
| 8. | Office Telephone No.<br>Mobile No.                            |  |

**(Signature of the Applicant)**

**Recommendations:**

The name of the above mentioned officer is recommended. He/She will not be withheld by this office for any reason whatsoever from attending classes, in case of selection.

**Signature** :  
**Name** :  
**Designation** :  
**Office** :  
**Date** :