

TA CLAIM

(For Members / Experts / Non-official Members called for various official meetings of INST)

1.	Name and address			
2.	Designation			
3.	Pay Level			
4.	Name of Organization and its location			
5.	Date & Place of meeting			
6.	Details of Meetings			
7.	Details of Journey	Mode	Date	Amount Paid
	- Outward			
	- Return Journey			
		Total		
8.	Local transportation, if any			
9.	Total			
10.	Bank Details			
	Account Name			
	Account Number			
	Bank Name and Branch address			
	IFSC			

Date:

Signature

CERTIFICATE BY COORDINATOR, INST

Certified that the Officer has attended the above meeting on _____ at _____.

Honorarium at the approved rates and traveling expenses as per admissibility may please be approved for payment from Institute / RP___/IND___/Contingency (PhD / NPFD_____).

Co-ordinator, INST

P.T.O.

FOR OFFICE USE ONLY

1	Guest House Payments	No. of Days	Rate	Amount	<u>Sign. of Consultant (S&M)</u>
2	TA				
3	Local Journey				
4	Honorarium				
5	Any other				
	Total				

Approved / Not Approved

Dealing Assistant

Director / HoO, INST