NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY, GORAKHPUR

T.A. CLAIMS OF MEMBERS ATTENDING THE MEETINGS

Name of the Officer

Designation

Basic Pay

Purpose of Journey

a) Name of Meeting
b) Date of Meeting
c) Place of Meeting

Name of the departing station

Date & time of departure from departing station

Distance by Road from Residence to Railway station

Details of mode of Conveyance for onward Journey. In case of Journey by Rail the class in which travelled is to be mentioned

Date & Time of Departure from Halting Station

Details of mode of Conveyance for Return Journey. In case of Journey by Rail the class in which travelled is to be mentioned

Date & Time of arrival at Head Quarter

Whether free board or both free boarding and Loading were availed of
Certified that I was not allowed free transit by Rail or other means of location.

Certified that I did not perform the road journey by taking a single seat in Taxi, motor, mini bus or motor Lorry paying for hire.

Certified that the travelling allowance and daily allowance etc. claimed in this bill has not and will not be claimed by me from any other source.

Certified that I have not drawn any T.A./D.A. for this period from any other source. I also certify that the Parliament was not in Session. I was prevented from attending the Parliament Session cutting this period due to the commence meetings.

Certified that I actually incurred a sum of Rs. _______ on conveyance hire by Road both ways/ or certified/ that I performed the Road journey both ways by own car _______. (This certificate is required from Local Members only).

The Payment may please made by Cheque in favour of

________________________________________________________

Signature of the Member

Address in Full

Certified that he/she attended the meeting of ________ Non-official member & that

Held at ________ Sanction No. & Date

Details of Payment

Fare

DA

Conveyance

Pay Rs. _______ (Rupees _______)

A.D. (Finance)

Passed for Rs. _______ (Rupees _______)

As per details given above.

________________________________________________________

Signature of Concern In-charge

DIRECTOR