



CHILDREN'S UNIVERSITY

(Establishment by Govt. of Gujarat) SubhashChandra Bose Shikshan Sankul, Sector-20, Gandhinagar

TA-DA Remuneration Bill

Name of Programme _____

Venue _____ Dates : From _____ To _____

Name _____ Designation _____

Basic Pay _____ Grade Pay _____

Mo. _____ E-mail :- _____

Official Address : _____

Name of the Bank: _____ Bank A/C No.: _____

Branch Name: _____ IFSC Code No. : _____

1. Travelling Allowance (Rail/Flight)

Departure			Arrival			Mode of Travel/Class of Accommodation & Ticket No. PNR No.	Amount
Date	Station	Time	Date	Station	Time		
(A) Total							

2. Road Mileage Allowance: (Scooter/Own Car/Bus/Taxi)

From	To	Mode of Transport	Distance in KM	Amount
Residence	Rly. Stn/ Bus Stn/ Airport			
Rly. Stn/ Bus Stn/ Airport	Venue			
Venue	Rly. Stn/ Bus Stn/ Airport			
Rly. Stn/ Bus Stn/ Airport	Residence			
(B) Total				

3. Daily Allowance for _____ day@Rs. _____ (C) Per day Rs. _____

GRAND TOTAL (A+B+C) RS.:- _____

CERTIFICATE

1. I actually travelled by the class of accommodation for which T.A. has been claimed
2. Place for which road mileages is claimed are not connected rail.
3. Distance and rates claimed are correct to the best of my knowledge and belief.
4. No TA/DA has been drawn for this purpose from any other source
5. Govt. conveyance was not utilized for which the road mileage is claimed.
6. I was not provided with the boarding and lodging facilities at the expense of the Central/State/Council/Local body of authority.

Signature of Participant

(FOR OFFICIAL USE)

Attendance, TA Particulars & Entitlements checked and verified.

**Signature and Name
Chairman/Convener/Coordinator**

Pay Rs. _____ /-(Rupees)_____

Only)

**Signature and Name
Jr. Acctt./Sr. Acctt./Accounts Officer**

Signature and Name

Chairman/Convener/Coordinator

**Signature Name, Hony, Director / HoD
(with seal)**

Received Rs. _____ /-(Rupees)_____

Only)

**Signature and Name
Asstt. Cashier**

**Signature of Participant
with Revenue Stamp**