

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
TATA INSTITUTE OF FUNDAMENTAL RESEARCH
V. N. Purav Marg, Mankhurd, Mumbai – 400 088.

LOCAL CONVEYANCE FORM FOR
RESOURCE PERSONS/COMMITTEE MEMBERS

NAME OF THE PROGRAMME: _____

NAME : _____

ADDRESS : _____

Mobile no.: _____ Email address: _____

Details of conveyance charges for attending the Camp as under:

Date	Place of Departure	Place of Arrival	Mode of Conveyance	Amount (Rs.)
			Total Rs.	

CERTIFICATE

1. I actually traveled by the mode for which T.A. has been claimed.
2. Distance and rates claimed are correct to the best of my knowledge and belief.
3. No T.A. has been drawn for this purpose from any other source.
4. Govt. conveyance was not utilized for which the road mileage is claimed.

Programme Co-ordinator

Signature of Participant

For Office Use

Pay Rs. _____ (Rupees _____ only)

Admin Assistant 'C'

Head Admin & Finance

Authorized Signatory

Received Rs. _____ (Rupees _____ only)

Date:

Signature of Participant