

**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.)
			<b>Total Rs.</b>	

**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'

Admin Officer 'C'

Authorized Signatory

---

Received Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)

Date:

Signature of Participant