

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION

TRAVEL FORM FOR STUDENTS

1. NAME OF THE PROGRAMME : _____
2. NAME OF CANDIDATE : _____
3. ADDRESS (Place of residence/ hometown from where the journey starts) : _____
4. Mobile no.: _____ Email address: _____
5. RAILWAY STATION NEAREST TO PLACE OF RESIDENCE/ HOME TOWN : _____
6. DETAILS OF JOURNEY : _____

Particulars of Journey	Departure			Arrival			Mode of Travel (i.e. by bus/ train etc.	Fare Paid Rs.	For Office Use only
	Date	Time	From	Date	Time	To			
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
ONWARD JOURNEY UPTO									
LOCAL CONVEYANCE *									
RETURN JOURNEY									
LOCAL CONVEYANCE *									
TOTAL RS.									

Amount Spent on

a) Food Rs. _____

b) Lodging Rs. _____
(Please attach bills)

* Local Journey means actual bus/auto fare between Railway / bus station and venue of training / residence.

CERTIFICATE

1. I certify that the TA/DA for this camp have not been claimed from any other source.

DATE : _____

(SIGNATURE OF CANDIDATE)

Certified that the above student has actually attended the programme from _____ to _____. his/her claim may be drawn as per rule.

Faculty Co-ordinator

Admin Assistant 'C'

Admin Officer 'C'

Authorized Signatory

Received Rs. _____ (_____)

SIGNATURE OF CANDIDATE