

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION**  
**TATA INSTITUTE OF FUNDAMENTAL RESEARCH**  
**ACCOUNT SECTION**

Date: \_\_\_\_\_

**TA/DA Advance Form**  
(Please fill this form One week advance)

**Name:** \_\_\_\_\_ **Extension** \_\_\_\_\_

**Purpose of Journey:** \_\_\_\_\_

**Details of Advance:-**

1. Travel Advance	Rs. _____
2. Accommodation Charges	Rs. _____
3. Food Allowance	Rs. _____
4. Local Conveyance	Rs. _____
Total	Rs. _____

I will submit my TA/DA claim and settle this advance within 15 days after the journey is completed, otherwise it can be deducted from my salary.

Signature: \_\_\_\_\_

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For Office Use

Advance Payable Rs. \_\_\_\_\_

Admin Assistant 'C'

Admin Officer 'C'

Sanctioning Authority