HOMI BHABHA CENTRE FOR SCIENCE EDUCATION TATA INSTITUTE OF FUNDAMENTAL RESEARCH

V.N.Purav Marg, Mankhurd, Mumbai - 400 088.

TA/DA reimbursement form for Students

Name of the programme :						
Name of student:						
Address:						
Email address & Mobile no :						
Nearest Railway Station: Nearest Airport:						
Please provide your bank details for reimbursement of TA/DA claim						
Beneficiary Name:						
Account No.:	IFSC Code:					
Bank Name:	Branch Address:					
Particulars	Date	Time				
Departure from institute /residence	Dute					
Arrival at project location						
Departure from project location						
Arrival at institute/Residence						
	Particulars	Amt paid (Rs.)	For Office Use			
Mode & class of travel (Air/Rail/Road)						
A) Onward journey – Ticket No.						
B) Return journey – Ticket No. (Attach original tickets/counter foils)						
Mode of Conveyance at institute/residence (fare paid)						
A) Institute/ Residence to Airport/Railway Station (km)						
B) Airport/Railway station to institute/residence(km)						
Mode of Conveyance at project location (fare paid)						
C) Airport/Railway station to project location						
D) Project location to Airport/Railway station						
	Total Rs.					

Declaration of student

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

Date & Signature of student

Certificate Certified that the above student has actually attended the programme/camp from				
	Date and Signat	ure of HBCSE Programmee Co-ordinator		
Claim passed for Rs(Rs. in words)				
Checked & Verified by A/c Dept.	Head Admin & Finance	Authorized Signatory (P.T.O)		

Self –declaration Certificate for Completion of journey

(If you travelled by air then fill this form)

(Annexure to O. M. No. 19024/03/2021.E.IV dated 16.06.2022)

1.	I (Name of the Student/Resource Person)
	hereby declare and certify that :	
2.	I have actually performed the onward journey from	to
	onand return journey from	to
	onfor the purpose of Tour/Training.	

Or

Sr.	Name	Age	Relationship with Govt. servant

(Note- Sr. No. 3 is not applicable to the NIUS /Olympiad students and Resource Persons)

4. In case the above declaration given by me is not found true at any stage, I shall be liable to disciplinary action under Central Civil Services (Classification, Control and Appeal) Rules, 1965 as amended from time to time.

(Signature)

Name of the Student/Resource Person:

Programme- NIUS/ Olympiad

То

Admin/Establishment Section HBCSE/TIFR