

**DEPARTMENT OF EDUCATION IN SOCIAL SCIENCES
NATIONAL COUNCIL OF EDUCATION RESEARCH & TRAINING
SRI AUROBINDO MARG, NEW DELHI – 110016**

Travelling Allowance Bill

(Non-Local Participants)

Name of the Programme : NATIONAL YOGA OLYMPIAD 2024.

Venue : RIE Mysuru, Karnataka.

Date : 18 to 20 June, 2024.

Name _____ Designation _____

Pay in Pay Band/Level: Rs. _____ Grade Pay/Level: Rs. _____ Total: Rs. _____

Official Address _____

Residential Address _____

1. Travel Details :-

| Departure | | | Arrival | | | Distance in Km | Mode Of Conveyance hired | Amount (Rs.) |
|-----------|------|------|---------|------|------|-------------------|-----------------------------|-----------------|
| Place | Date | Time | Place | Date | Time | | | |
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2. Incidental of total journey (Forward) _____ hrs Rs. _____

(Return) _____ hrs Rs. _____

Total hours _____ Total Rs. _____

Grand Total (1+2) Rs. _____

Note: Lodging and Boarding paid by the department

P.T.O

4. Bank Details (in capital letters and clear readable writing) for any mistake participants will be accountable

| | |
|------------------------|--|
| Name of Account Holder | |
| Account No. | |
| Bank Name and Address | |
| IFSC Code | |
| Mobile No. & Email-id | |

CERTIFICATE

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

Signature of Participant

(FOR OFFICIAL USE)

Attendance, TA Particulars and Entitlements checked and verified.

Signature and Name
A.P.C/SO

Pay Rs. _____/- Rupees _____ only)

Signature and Name
Programme Coordinator

Signature and Name
Jr. Acctt/Sr.Acctt/Accounts Officer

Signature and Name of Head / Hon. Director
(With seal)

Received Rs. _____/- (Rupees _____ only)

Signature and Name
Asstt. Cashier

Signature of Participant
with revenue stamp