



இந்திய தகவல் தொழில்நுட்பக் கழகம், திருச்சிராப்பள்ளி  
भारतीय सूचना प्रौद्योगिकी संस्थान, तिरुचिरापल्ली  
INDIAN INSTITUTE OF INFORMATION TECHNOLOGY TIRUCHIRAPPALLI  
(An Institute of National Importance under MoE, Govt. of India)  
SETHURAPATTI, TRICHY-MADURAI HIGHWAY, TIRUCHIRAPPALLI 620012  
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### Form for Claiming TA/DA/Others

Name: ..... Designation: ..... Dept. / Section: .....

AGP/ Grade Pay: ..... Purpose of tour: .....

Sl. No.	Departure: Source		Arrival: Destination		Mode of travel	Class	Distance in kms	Fare per head	Total Amount	Ticket / Reference No.
	Date & Time	From Station	Date & Time	To Station						

\* Please furnish journey tickets and for air travel boarding pass in original

Whether you were provided with boarding/ lodging by the host at the destination: **Yes / No** & Particulars of boarding & lodging:

Period of stay		Station	Name of the hotel / guest house	Rate per day	Total amount incl tax (original bill to be enclosed)
From	To				



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Local conveyance by auto / bus / taxi / metro / monorail / other ..... ; fare paid/ claimed details:

Sl. No.	Date	Station	From	To	Distance	Mode of travel	Fare	Purpose/ Reason

Whether you were provided with free food by host: **Yes / No**; if no please attach food/ restaurant bills/receipts, Total food charges Rs...../-

**Certificate**

The information given in the bill is true to the best of my knowledge and belief. I performed the journey on tour in the interest of NIT Puducherry on authorized leave / instruction in accordance with order quoted in previous page.  I did not avail any leave including casual leave during the tour and leave availed is mentioned in the bill.  I have not claimed TA/DA from any source.  I was provided / not provided with free lodging and/or boarding by any other institution/ organization. I actually used the mode of journey used in the bill. Necessary declaration relating to LTC claim has been submitted to the concerned authorities.

Certified that I have enclosed all vouchers relating to journey and other claims

**Sign of the claimant with date**

**FOR OFFICE USE**

Sl. No.	Particulars	Amount Claimed (Rs.)	Amount Admitted (Rs.)	Remarks
1.	Travelling allowance			
2.	Lodging			
3.	Local conveyance			
4.	Food charges			
5.	Daily allowance			
6.	Any other			
<b>Total</b>				

**Assistant Registrar(i/c)**

**Registrar(i/c)**

**Director (i/c)**