**PLEASE FILL IN THE REQUIRED DATA**

**Type (please tick)** : **Faculty Internal Faculty External Resource Person**

**Name** : **Dr/Mrs/Mr**. .............................. **Designation**: .............................................................

**Department** : ................................................. **Organisation**: .............................................................

**Basic Pay /Grade Pay** : **Grade Pay .......................................**

**Account Details**  : ***Please fill in form 2 Vendor Information***

**TA/DA etc. claimed for** : **......................................................................................................................................................................**

**Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.**  **No.** | **Date** | **DA amount (`)** | | **Remarks** |
| **Hotel Charges** | **Food Bill** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4.** |  |  |  |  |

**The claim made by me for the above purpose is correct.**

**Signature of Faculty/Resource Person**

**ACKNOWLEDGEMENT**

Received through PFMS online transfer sum of **`**.\_\_\_\_\_\_\_\_\_ /- from Principal Assam Engineering College, towards DA and Honorarium for the above purpose.

(Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

**Affix revenue stamp if claim is above Rs.5000/-**

**Signature of Faculty/Resource Person**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For TEQIP-III Office use only)**

**Passed for** **PFMS Vendor Unique Code........................................**

Daily Allowance (hotel charges) **`**.......................................

(Food Bill) **`**.......................................

(Local Travel) **`**.......................................

Honorarium **`**........................................

Total **`**........................................

Less TDS **`**........................................

Net Payable **`**........................................

In Words (Rupees ....................................................................................................................................................................

............................................................................................................................................................................only)

**Payment Advise No and date:**

**Nodal Officer Finance (TEQIP-III) Coordinator (TEQIP-III) Project Director (TEQIP-III)**