**ALL INDIA COUNCIL FOR TECHNICAL EDUCATION**

Nelson Mandela Marg, Vasant Kunj, New Delhi – 110067

**TA/DA BILL OF NON-OFFICIAL MEMBER INVITED TO ATTEND THE MEETING**

**PART- I (To be filled by non-official Committee Member)**

1. Name & Designation (Team Incharge) :

Enclose list of participants as per proforma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with Full Postal Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for sending payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of Organisation : Govt./Private/Govt. Aided
2. Pay Scale and Present Basic Pay : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Whether Retired of Still in Service : Retired/ Still in Service
4. **Permanent Account Number** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Purpose of Visit/Meeting : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date (s) of Meeting : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Details of Journey (including from and to Residence/Office and Airport/Railway Station etc.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Departure** | | **Arrival** | | **Mode of Journey** | **Distance in Kms.** | **Fare Paid (Air/Rail) Taxi etc.** | **Air/Rail Ticket No.** |
| **From** | **Time** | **At** | **Time** |
|  |  |  |  |  |  |  |  |  |

1. **Whether Staying in Rented Accommodation (Hotel/Guest House) with Payment of Some Charges/Or Making Own Arrangement without Paying any Charges (Strike Out whichever is not applicable)**

**If Staying in Rented Accommodation (Hotel/Guest House) with Payment of Some Charges, Please Specify:**

Boarding & Lodging Charges per day : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Stay in days : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount (Rs.) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach original receipts of Hotel/Guest House)

1. **Name of College/Institutes Visited and the Date of visits :**

**(Please attach separate list if the visits are more than one)**

1. Certified that:
2. Particulars provided herewith are correct and that I have not claimed TA/DA etc. for this Journey from any other source.
3. I was not provided free Lodging and / or Boarding at the cost of Govt./University or any Govt. aided Body.
4. **Certified that I am entitled to travel by Executive Class Air Travel in my Organization (strike out, if not applicable)**

Date: Signature of Claimant

**Part-II** (to be filled by Convenor/Organizer of the meeting)

1. The Non-official member was invited under the authority of controlling officer and his attendance as above is confirmed.

Dated:

1. Signature
2. Name of Convenor
3. Designation

**Part-III** (to be completed by Finance Bureau)

1. DA\_\_\_\_\_\_\_\_\_Days@ Rs.\_\_\_\_\_\_\_\_ Passed for payment for Rs.\_\_\_\_\_\_\_\_\_\_
2. TA Rs.\_\_\_\_\_\_\_\_ (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Honorarium Rs.\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Grand Total Rs.\_\_\_\_\_\_\_\_
5. TDS @ 10% (-) Rs.\_\_\_\_\_\_\_\_
6. Net amount To be Paid Rs.\_\_\_\_\_\_\_\_

**ACCOUNTANT AO (FIN) DRAWING & DISBURSING**

**PAYEE’S RECEIPTS**

Received Rs. (Rupees)

**Signature of Claimant**

**(with revenue stamp)**

**All India Council For Technical Education**

Nelson Mandela Marg, Vasant Kunj, New Delhi-110067

**Mandate Form**

|  |  |  |
| --- | --- | --- |
| Name of Experts as Written in the Passbook |  | |
|  |  | |
|  |  | |
|  |  | |
|  | State | Pin : |
| Permanent Account No.  (PAN) (Attach Copy) |  | |
| Mobile No. of Expert |  | |
| e-Mail of Expert |  | |
| Name of Bank where the RTGS to be done |  | |
| Branch Name of the above Bank |  | |
| Address of the Bank |  | |
|  |  | |
|  | State | Pin : |
| Saving Bank Account No. |  | |
| Banker’s IFSC Code |  | |

I declare that all the information provided by me above are true in all respect.

Signature

Note : - (1) Attach copy of cancelled cheque for verification of the above data.

(2) All Data needs to be filled mandatorily for facilitating RTGS transfer of the amount against your name.