Indian Academy of Sciences

P.B. No. 8005, C.V. Raman Avenue, Bangalore 560 080, India

T.A. Bill

(for Summer Research Fellows)



ENGS1672

**Student ** **Teacher ** **Reg. No…………………...**

SUDHAN R

1. **Name (in block letters):**

National Atmospheric Research Laboratory (NARL)

1. **Institution where project is carried out : ………………………………………………………….......…………………….**

Coimbatore, Tamil Naadu

Ranipet, Tamil Nadu

1. **Place of origin: Home town …………………………………..……Place studying…………………………...…………..**

Katpadi, Vellore

1. **Place of destination: …………………………………………………………………………………….................................**

Second Sitting (2S)

1. **Mode of travel: ** **Train specify class (Sleeper / III Ac / II Ac) …………….…………………......… ** **Air ** **Bus (please furnish ticket no.) Ticket No. 1. Onward Journey: ……………………………………………………………...**

4530462297

2. Return Journey: ……………………………………………………...............

**(please enclose copy of air/train/bus ticket (s) as proof of travel and to verify the amount claimed for reimbursement.)**

1. **Particulars of travel:**

**ONWARD JOURNEY : Specify mode of travel for each Journey; also specify class for train travel.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure details** | | | | **Arrival details** | | | **Actual fare paid** |
| **Station** | **Date** | **Time** | **Mode** | **Station** | **Date** | **Time** | **Rs.** |
| Coimbatore | 26-May-2025 | 15:15 | Train (2S) | Katpadi | 26-May-2025 | 20:30 | 178.15 |

**RETURN JOURNEY : Specify mode of travel for each Journey; also specify class for train travel.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure details** | | | | **Arrival details** | | | **Actual fare paid** |
| **Station** | **Date** | **Time** | **Mode** | **Station** | **Date** | **Time** | **Rs.** |
| Katpadi | 01-Jun-2025 | 08:00 | Train (SL) | Coimbatore | 01-Jun-2025 | 13:45 | 250 |

* 1. **I certify that I have travelled in the class of accommodation claimed by me.**
  2. **I certify that I have not claimed/drawn TA/DA etc for the journeys covered in this bill from any other source.**



30-06-2025

**Date: ……………………….. Signature: ……………………………………..**

--------------------------------------------------------------- FOR OFFICE USE ONLY ----------------------------------------------------------------

Details of the TA bill :

Train / Bus / Air fare: …………………………………………… Others, if any: ……………………………………………

Total: ………………………………………….....

Bill passed for payment of Rs.

(Rupees in words: )

Accounts Assistant Account Officer

Date: Date:

Tel: (080) 2361 2546, (080) 2361 4592, Fax: (080) 2361 6094, Email: [office@ias.ernet.in,](mailto:office@ias.ernet.in) Website: [www.ias.ac.in](http://www.ias.ac.in/)