



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान तिरुवनन्दपुरम् - ६९५ ०११, केरल, भारत
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM – 695 011 KERALA, INDIA
(An Institute of National Importance under Govt. of India)
(भारत सरकार के अधीन एक राष्ट्रीय महत्व संस्थान)
Ph: 0471-2443152, FAX: 0471-2446433, 2550728

TRAVEL EXPENSE CLAIM FORM FOR SC/ST CANDIDATES

<i>Name of the candidate</i>		<i>Roll No.</i>	
<i>Mailing address as per application:-</i>		<i>Application Number</i>	
		<i>Category</i>	SC/ST
		<i>Post applied for</i>	
<i>Pin Code</i>		<i>Venue of Exam:</i>	
<i>Email id</i>			
<i>Mobile/Tel. No.</i>		<i>Date of Exam</i>	

JOURNEY DETAILS (Sleeper Class/Second Class Train fare only)

<i>From</i>		<i>To</i>		<i>Mode of Travel</i>	<i>Ticket/ PNR no.</i>	<i>Amount (₹)</i>
<i>Date</i>	<i>Place of Departure</i>	<i>Date</i>	<i>Place of Arrival</i>			
Total Amount						

BANK ACCOUNT DETAILS OF THE CANDIDATE:

Name of the Bank		Name of Account Holder	
Account Number		Branch Name	
IFSC Code		Branch Code	

I hereby declare that the information furnished by me in this form is true and correct to the best of my knowledge and belief.

Date :

Signature of Candidate :

Enclosure:

1. Original Train Ticket towards proof of journey.
2. Copy of Caste Certificate (as applicable).

Payment will be made by NEFT subject to scrutiny of the TA claim form submitted along with supporting documents.