



		SUBJECT: Gujarat Street Light National Project
TOUR REPORT		REF: SLNP GUJARAT
DISTRIBUTION :	<p><b>NAME (S):</b> Aditya Vashisth</p> <p><b>PERIOD:</b> 7<sup>th</sup> Nov to 7<sup>th</sup> Nov(1 day)</p> <p><b>MAIN PERSONS CONTACTED:</b> Mr. Manish Rai and representatives of SLNP Gujarat</p> <p><b>OBJECTIVE (S):</b> For the review meet with Mr. Manish Rai regarding the issues.</p>	

**BRIEF SUMMARY:**

- Meeting regarding all the issues coming in savior problems and tour claims problems with UPL Officer Mr. Manish Rai.
- Discuss the issues regarding SLNP project in Gujarat.

CLASSIFICATION: <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> RESTRICTED	 SIGNATURE	 SUPERVISOR SIGNATURE
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Tour Allowance Claim Form for UPL Executives					
ENERGY EFFICIENCY SERVICES LIMITED TOUR TRAVELLING ALLOWANCE CLAIM			Date:- 7/Nov/2017		
	NC07125	7th Nov	1.		Ahmedabad.
CARD CODE	EMPLOYEE NO.	TOUR COMMENCEMENT DATE	Mth/Days Tour	DESTINATION	
Name	Aditya Vashishth	Designation	Engineer	Scale of Pay	Basic Pay
Department	SLNP	H.O	Surat RO		

Note : Cheque drawn in favour of Energy Efficiency Services Limited if net claim is negative.

	Amount Claimed (to be filled in by the employee)(')	<b>FOR ACCOUNTS DEPTT.</b>						
		Amount admitted by Accounts (enter only if claims are claimed ticket, booked by company or Cheque Amount('))						Remarks
<b>Section-I</b>								
<b>1. Journey Fares</b>								
By Air								
By Rail & Road	740 / -							
	<b>Cost of Ticket Dr.</b>							
<b>2. Conveyance charges</b>	—							
- Boarding& loading charges	—							
<b>A. Total</b>	=							
Less Advance drawn from:								
<b>C. NET CLAIM</b>	740 / -							

Pay ('')..... Net Claim

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D. Refund by cheque  
Cheque No..... Dated .....  
on ..... for(").....

Recover ('').....

Accounts Officer

\*The cancellation of booking was due to official reasons

**Signature of Head of Department**  
**Name**  
**Designation**

\*To be furnished when cancellation charges are claimed

शुभ यात्रा HAPPY JOURNEY

All India Passenger helpline no. 138  
PNR and train arrival/departure enquiry no. 139



TRAIN NO. 12009 STATE OF GUJARAT  
DATE 07-11-2017 ZZR  
K.M. SUPPLIES 24  
ADULT CHILD

टिकट नं. TICKET NO.  
81485216

PNR NO. 826-5204209

12009 07-11-2017 ZZR 2 0

/81485216

CLASS

JOURNEY CUM RESERVATION TICKET AFTER CHARTING

से आरक्षित PRS-CSTM

जलमधुबाद जं.

राज्याध्यक्ष एक्सप्रेस

तक आरक्षित / RESV. UP TO

COACH	SEAT/BERTH	SEX	AGE	यात्रा T.AUTHORITY	जलमधुबाद CONC	आ.गु R.FEE	श.प्र. S.CH.	सु.प्र. SF.CH.	वाढचर ₹ VOUCH. ₹	735 नकद ₹ T.CASH ₹
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C1	43		M 25	VG						
C1	44	W5	M 25	VG						

80 270 90

Rs. ONE FOUR EIGHT ZERO ONLY  
VALID WITH ORIGINAL ID

1480

divided by two persons

Rs 740

SHATABDI EXP

BRD SURAT

SCH DEP 07-11 09:36 ARR 07-11 12:45

735 07-11-2017 09:02 ST 14 VIA BRD

SECT: 2.50% Rs. 28.64 DSE

"MERI SADAK" MOBILE APP FOR

Pradhan Mantri Gram Sadak Yojana (PMGSY)



Pradhan Mantri Gram Sadak Yojana (PMGSY)



ग्रामीण विकास मंत्रालय  
भारत सरकार  
Ministry of Rural Development  
Government of India



SECTION I : JOURNEY DETAILS (Please Indicate Ticket No. or attach M/R)

air journey and bus journey enclose used ticket/folders)

Departure			Arrival			Model & Class of travel	Train No./ Train Name	Purpose of Journey (Please give details)	Amount Claimed (₹)	Ticket No./MR	Remarks
Date	Time	Station	Date	Time	Station					No./Bus Ticket No.	
7 <sup>th</sup> Nov	9.00	Surat	7 <sup>th</sup> Nov	1.00	Ahm	CC	12009 Shatabdi express	Rewind meet	740/-	-81485216	(Attached)

\*Note: Where tickets are provided by the company the fare may be indicated in remarks column.

**SECTION II : DETAILS OF CLAIM FOR Boarding /Lodging**

Midnight (00hrs) spent	Station	No. of days	Slab Rates	Boarding & Lodging charges
	Total			Total

NOTE : Please enclose the supporting bill /declaration

1. Leave availed (if any) at  from  to

SECTION III : DETAILS OF CONVEYANCE CHARGES CLAIMED

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NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.

NOTE: If the space provided is insufficient, separate sheet in the same format may be attached and signed by the Stationmaster.									
Sl No.	Date	Station	Place of Visit (specify Locality)		Distt. In Kms. (approx)	Means of Travel	Amount (₹)	Purpose (in brief)	Station- wise weekly total
			From	To					
Total							0		

**CERTIFICATE:**

Certified that: I was physically present at the touring station as above for the indicated days.

Countersigned

~~Signature~~

(Name & Designation of the Controlling officer)

Signature of Employee

Date: 9/11/17