**GOVT. COLLEGE OF ENGINEERING AND TECHNOLOGY, JAMMU**

**TA BILL FORM UNDER TEQIP-III**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name and designation with Full official Address:** | **-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------** |
| **2.** | **Type of Organization:** |  **(Govt./Private /Govt. Aided)-----------------------------------------------------------------** |
| **3.** | **Pay Scale and Present Basic Pay** | **-------------------------------------------------------------------------------------------------------** |
| **4.** | **Whether Retired or Still in Service** |  **(Retired/ Still in Service)--------------------------------------------------------------------** |
| **5.** | **Email Address** | **--------------------------------------------------------------------------------------------------------** |
| **6.** | **Aadhar No.** | **---------------------------------------------------------------------------------------------------------** |
| **7.** | **Permanent Account No.(PAN)** |  |  |  |  |  |  |  |  |  |  |
| **8.** | **Contact No.(Mobile)** |  |  |  |  |  |  |  |  |  |  |
| **9.** | **Purpose of Visit/ Meeting** |  |
| **10.** | **Date(s) of Visit/ Meeting** | **---------------------------------------------------------------------------------------------------------** |
| **11.**  |  **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** | **To** | **Time** |
|  |  |  |  |  |  |  |  |  |
| * **For Local travel /conveyance, Please provide the details on separate Sheet.**
 |
| **12.** | **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)** |

|  |  |
| --- | --- |
| **13.** | **Name of College/ Institute/Organization Visited and the date of visits:-** |
| **S.No.** | **Date of Visit(s)** | **Name of College/ Institute/ Organization Visited** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **14.** |  **Certified that :** |
| 1. Particulars provided here with are correct and that I have not claimed TA/DA etc. for this journey from any other source.
 |
|  ii. I was not provided free lodging and / or boarding at the cost of Govt. / University or any Govt. aided body. |
| **Certified that I am entitled to travel by Executive/Economy Class Air Travel in my Organization as per NPIU guidelines (strike out, if not applicable) and I shall perform the return journey from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the mode as claimed in the TA Bill.** |
|  **Date:** |  |  **SIGNATURE OF CLAIMANT** |

**PART-II (TO BE VERIFIED BY INSTITUTE PROJECT DIRECTOR TEQIP/PRINCIPAL GCET)**

The Faculty/Staff member/Expert/Resource person of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was invited/ visited

under the authority of controlling officer of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his attendance/ participation

as above is confirmed

|  |  |
| --- | --- |
| Dated:   |  **SIGNATURE OF THE PRINCIPAL**  **WITH NAME**  |
|   |  ----------------------------------------------- |

**PART-III (FOR OFFICE USE ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | DA\_\_\_\_\_\_\_ days@­­­­­\_\_\_\_\_\_\_ or Food Bill | 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Verified that TA Bill has been entered in TA claim register on Page No.\_\_\_Bill No.\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_ |

 **AAO DRAWING & DISBURSING OFFICER/ AO**

|  |
| --- |
| **PAYEE’S RECEIPTS** |
|

|  |
| --- |
| **­Received Rs.-------------------------------(Rupees-----------------------------------\_\_\_\_\_\_\_\_****-------------------)Through PFMS in my Registered A/C No.-----------------------------------------------****-------------------------------Voucher No.----------------------------------------------or Cash**  **Or Cash from------------------------------------------------------------------------** |

 | **SIGNATURE OF CLAIMANT****(with revenue stamp)** |