

**अखिल भारतीय आयुर्विज्ञानसंस्थान(एम्स), गुवाहाटी**

**All India Institute of Medical Sciences, Guwahati**

**(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI) Silbharal, Changsari, Kamrup, Assam - 781101**



**TA/DA CLAIM ON NON-OFFICIALS INVITED TO ATTEND**

**THE MEETING/COMMITTEES AT AIIMS, GUWAHATI**

(PART-I to be filled by non-official member)

1. Name and Designation :

(IN BLOCK LETTERS)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Full Official Address | : |  |  |  |  |  |  |  |  |  |
| 3. | Mob. & Email Id. | : |  |  |  |  |  |  |  |  |  |
| 4. | Purpose of Visit | : |  |  |  |  |  |  |  |  |  |
|  | (Name of Committee, Workshop, Seminar, Meeting, etc.) |  |  |  |  |
| 5. | Date Meeting | : |  |  |  |  |  |  |  |  |  |
| 6. | Details of Journey: - |  |  |  |  |  |  |  |  |  |  |
|  | **Date** | **Departure** | **Arrival** | **Time** | **Mode of travels** | **Distance** | **Fare** | **Air Ticket** |
|  | **&** |  |  |  |  |  | **of** | **& Class of** | **in Kms** | **Paid** | **Rail Ticket** |
|  | **Time** |  |  |  |  |  | **Arrival** | **Accommodation** |  | **(Rs.)** | **No.** |
|  |  |  |  |  |  |  |  |  |  |  | **(Photocopy)** |
|  | **1** | **2** |  | **3** |  |  | **4** | **5** | **6** | **7** | **8** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Certificated by non-official Members:
	1. Certified that the information provided above are correct to the best of my knowledge and belief.
	2. Certified that no TA/Da in respect of the journey for the period mentioned in the bill has been or will be claimed form any other official sources.
	3. Certified that I was not provided with free boarding, lodging and conveyance.
	4. I was provided with concessional boarding (Rs. ………….) lodging (Rs. ................. ) for which I have reduced my claim accordingly.

**Date:**

**(Signature of the Claimant Official)**

**(From the Committee or Meeting)**

***(Contd….P/2)***

**-:2:-**

1. The above details have been verified and claim may be admitted.
2. The non-official members was invited under the authority-controlling officer and his

attendance as above is confirmed.

3. The non-official member is entitled/non-entitled for sitting/**Honorarium** @ Rs. per meeting.

4. The non-official members actually attended meeting on

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | (Approval of Director) |
| TA Claim passed for Rs. |  | (In words) |
|  | Rupees |  |  |  |  | only) |
|  |  |  |  |  |  |  |  |  |  |
|  | Accounts Department |  |  |  | (Accounts Officers) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **RECEIPT** |  |
| 1. | Sitting/ **Honorarium** Fee | Rs. |
| 2. | D.A for |  |  |  |  |  |  |  |
|  | (i) | Meeting days | Rs. |  |  |
|  | (ii) | Transit Journey | Rs. |
| 3. | Fare |  |  |  |  |  |  |  |
|  | (i) | Air | Rs. |  |  |
|  | (ii) | Train | Rs. |  |  |
|  | (iii) Road Mileage | Rs. |  |  |
|  | (iv) Taxi | Rs. |  |  |
| Total of Sr. No. 1, 2 & 3 | Rs. |
|  |  |  |  |  |  |  |  |  |  |  |  |

**DETAILS OF RTGS**

Beneficiary Name

:

Bank Name

:

Branch Name

:

Account Number

:

IFSC Code

:

**Date:** **(Full Signature of the Claimant)**