



**अखिल भारतीय आयुर्विज्ञान संस्थान (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 & Time	Departure	Arrival	Time of Arrival	Mode of travels & Class of Accommodation	Distance in Kms	Fare Paid (Rs.)	Air Ticket Rail Ticket No. (Photocopy)
1	2	3	4	5	6	7	8

7. Certificated by non-official Members:

- (i) Certified that the information provided above are correct to the best of my knowledge and belief.
- (ii) 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.
- (iii) Certified that I was not provided with free boarding, lodging and conveyance.
- (iv) 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/ <b>Honorarium</b> 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)**