

27th National Children's Science Congress, 2019
Venue.....), Himachal Pradesh

T.A. / D.A FORM

Scientist / Evaluators / National Academic Co-ordinators/ Resource Persons (Please tick appropriate)

Name : _____ State : _____

Address. _____ PIN _____

Mobile Number _____ Email ID : _____

Departure			Arrival			Journey Hours	Mode of Journey	Fare (Rs.)			
Date	Time	Station	Date	Time	Station						
<i>Please Attach Travel Tickets/ Bills. (Please use backside of the form, if the space is insufficient)</i>								Total (Travel)			

Payee Name : _____ Aadhar Card No: _____

Bank Name : _____ Branch: _____

Account No. : _____ IFSC : _____ Claimant Signature: _____

Permissible DA _____

Grand Total

Verified By:----- Accountant:----- Sanctioned By:-----

RECEIPT	
Received Rupees: _____	(in words Rs.) _____
Venue : SOA (Deemed to be University), Campus-II Date : 31/12/2018	Claimant's Full Name & Signature: _____

** Carefully verify the details before submitting the form*

(Approval of T.A./ D.A. claims is subject to the directive received from NCSTC, DST, Govt. of India)

Departure			Arrival			Journey Hours	Mode of Journey	Fare (Rs.)			
Date	Time	Station	Date	Time	Station						
Total (Travel)											