

CENTRAL COUNCIL OF INDIAN MEDICINE
NEW DELHI

Travelling Allowance Bill in connection with the affairs of the Council

PART-I

(Each Column to be filled up by Members/Visitors)

1. NAME (IN BLOCK LETTERS) : _____
2. NAME OF INSTITUTION : _____
(WHERE HE/SHE IS WORKING) _____
3. GRADE PAY/BASIC PAY : _____
4. BANK ACCOUNT NO. : _____
5. BANK IFSC CODE NO. : _____
6. NAME OF THE BANK : _____
& BRANCH _____
7. EMAIL ID : _____
8. MOBILE NO. : _____
9. ADDRESS : _____

10. PURPOSE OF JOURNEY
(i) Meeting/ Visitation : _____
(a) Date of Meeting /Visitation : _____
(b) Name of College with address: _____
(In case of visitation) _____

(ii) Any Other : _____

Note:- The Member/Visitor should filled up each and every column and enclosed tour programme.
Incomplete T.A. Bill will not be entertained.

11. DETAILS OF JOURNEY PERFORMED :

DEPARTURE		ARRIVAL		Mode of Travel	Distance In Km.	Actual Fare Paid	Original tickets of Rail/Air along with Boarding pass, Taxi Bill,Hotel Bill, Own Car No. etc.
Date & Time	Station	Date & Time	Station				

CERTIFICATE

1. I certify that I performed the Journey by Air/Rail/Own Car/Taxi/ Bus etc. and the fares shown in the bill are correct and actually paid by me.
2. I certify that no staff car or any other Government Transport are used for the Journey.
3. I certify that T.A. for this tour have not been claimed from any other source.
4. The road mileage claimed in the bill is correct to the best of my knowledge and belief & original receipt duly verified by me is attached. The payment has been made by me.
5. The drawal of the amount shown in the bill is not course of profit to me.
6. I certify that I travelled by Air in economy class of Indian Air Lines with the prior permission.
7. I under take that if any objection is made by the D.G.A.C.R./Ministry on the payment made to me by the Council same will be refunded by me.

SIGNATURE OF MEMBER

PART-II
(For Account Section Use)

Calculation of Fare/DA/Road Mileage

1. Rail/Air Fare	` _____
2. Road Mileage/Own Car/Taxi Fare	` _____
3. Sitting Fee	` _____
4. Daily Allowance (Hotel & Food)	` _____
Gross Amount	` _____
Less: Amount of T.A. Advance (If any)	` _____
Net Amount	` _____

Passed for Payment ` _____

Paid & Cancelled vide Cash/Cheque
Demand Draft No. _____ **Rupees** _____

Dated: _____

Rupees _____

Initial

**SECRETARY
CCIM**

ACKNOWLEDGEMENT BY THE MEMBER

Received a sum of ` _____

Cash/Cheque/ Demand Draft No. _____

Dated _____ as full and final / balance payment of the said journey.

SIGNATURE OF MEMBERS
ON REVENUE STAMPS