



SHAHEED BHAGAT SINGH STATE TECHNICAL CAMPUS, FEROZEPUR

TA /DA & Honorarium Bill of Practical Examination (for External examiner)

1. Name (in block letters) _____
2. Designation _____ Qualifications _____
3. Institute address _____
4. Date & purpose of Journey _____
5. Contact no. & E-mail ID _____
6. Grade pay & Consolidated Salary _____
7. Last pay scale & GP if retired _____
8. Bank account no. _____ IFSC code _____

A. TA /DA:

Departure		Arrival		Mode of Journey & Vehicle no.	Distance for Road Mileage		Amt. of Toll Tax	DA	Total Amt. (Rs.)
Date & Time	Station	Date & Time	Station		Km	Rate			
TOTAL Rs.									

B. Honorarium:

1. Session of Practical examination _____
2. Date of examination _____ Regular or Reappear _____
3. Department _____ Branch & Course _____ Semester _____
4. Subject name _____ Subject Code _____

No. of Students allotted	No. of Students examined	Rate of remuneration	Total remuneration
TOTAL (Rs.)			

C. Others: **GRAND TOTAL A+B+C (Rs.) =**

Signature of External examiner with date

Certified that persons named in the bill were actually engaged in conducting the practical examination during the days mentioned and he/she worked satisfactorily. The above Journey claim is verified.

Signature of HOD

Certified that:

1. Particulars provided herewith are correct & tat I have not claimed TA /DA for this Journey from any other Public Source and bill is submitted first time.
2. I was not provided free lodging and/or Boarding at the cost of Govt. / University or any autonomous body if provided please attach Boarding / Lodging /both bills.
3. Certified that I shall perform the return Journey from To in class.
4. Certified that the I have travelled by shortest route and I will perform return Journey by same route and mode of conveyance / as claimed and mode of conveyance.

The above Journey claim is verified to be true & correct.

Affix revenue stamp for receipt above Rs. 5000/- if in case

Signature of Claimant

For Office Use

