 **Technical Education Quality Improvement Program – III**

TA Form(for Internal Faulty)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and designation  | : |  |  |
|  | Department | : |  |  |
|  | Pay Scale and Present Basic Pay | : |  |  |
|  | Email Address | : |  |  |
|  | Aadhar No. | : |  |  |
|  | Permanent Account No.(PAN) | : |  |  |
|  | Contact No.(Mobile) | : |  |  |
|  | Purpose of Visit/ Meeting | : |  |  |

1. Name of College/ Institute/Organization Visited and the date of visits:-

|  |  |  |
| --- | --- | --- |
| Name of College/ Institute/ Organization Visited with full address | Date of Visit(s) | No of Days |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **TA/DA Details:**

|  |
| --- |
| 1. **Travelling Details:**
 |
| Sl.No | Departure | Arrival | Mode of Journey | Distance in km | Total Amount(in Rs) | Air/Rail Ticket No. |
|  | From | Time | To | Time |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. **Accommodation Details: (Please attach original Receipts of Hotel)**
 |
| Sl.No | Name of the Hotel  | Duration of Stay in days | Charges per day | Total Amount (In Rs) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **(C)Daily Allowances**  |
|  | Date |  | No of Days | Amount per day | Total Amount (In Rs) |
|  | From | To |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Amount D = ( A +B +C)  |  |
|  | Advance Amount Received from TEQIP if any (E) |  |
|  | Amount due to Claimant , if any (Provide Bank A/C Details)- (D-E)A/c No.,Bank name,Branch Name,IFSC Code,Address |  |

**Amount in words: (…………………………………………………………………………………)**

Certified that the above information and the TA/DA Claim are correct to the best of my knowledge. I also certified that the journeys were performed by the shortest and cheapest route and were actually performed by the mode stated in the bill. I also hereby declare that I have not claimed TA/DA amount from any other source.

Date: Signature

**For Office Use-** the above claim is found to be correct and is passed for payment.

**TEQIP Nodal Officer (Academic) TEQIP Nodal Officer (Finance) TEQIP Coordinator**

 **Principal**

**Payee’s Receipts**

Received Rs ………………………………………..(Rupees.……………………………………………………… through PFMS in my A/C No…………………………… or cash from ……………………………

**Signature with Revenue Stamp**

**Note:**A *brief report indicating the outcome of the training courses, conferences etc. should be submitted, through HOD, in duplicate [one forNodal Officer (TEQIP –III), Academic Activities (TEQIP – III) and another for Co-ordinator , TEQIP –III ) at the time of submission of final bills.*

**GOVERNEMNT COLLEGE OF ENGINEERING,SALEM-11**

**TEQIP-III**

**Bank Details for Attending Conference / Workshop/Short term course/Seminar/Training Courses**

|  |  |
| --- | --- |
|  Name of the Faculty: | Department: |
|  Father/Husband Name: |  Date of Birth (DD/MM/YYYY): |
|  Aadhaar Number: |  PAN Number: |
|  Address1: |  City: |
|  District: |  State: |
|  Pin Code: |  Country: |
|  Mobile No: |  Email: |
|  Bank Name: |  Branch Name: |
| Account No: | IFSC Code: |
| Name of the Conference / Training Course/Others # |  |
| How this is relevant to the project objective? |  |
| Place (s) of the Conference / Training Course / Place of visit |  |
| Duration with dates |  |
| Cost involved |  |

|  |
| --- |
| Signature of the Faculty Head of the Department  |
| Date:  |  Department Seal  |

Approved/Not approved

The expenditure will be booked under key activity…………………….

(For issuance of sanction order)

|  |  |  |  |
| --- | --- | --- | --- |
| Nodal Officer Academics | Nodal Officer Finance | Coordinator TEQIP-III | Principal |