



श्री माता वैष्णो देवी विश्वविद्यालय  
SHRI MATA VAISHNO DEVI UNIVERSITY

T.A CLAIM FORM

Name(in capital letters) \_\_\_\_\_  
Designation \_\_\_\_\_ Basic Pay \_\_\_\_\_  
Headquarters(place of  
postin \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Purpose of visit \_\_\_\_\_  
(enclose the copy of invitation letter/office order in support)

I Conveyance charges(for onward journey)	Particulars
1. Residence to airport/station at headquarter	Mode of travel _____ Kms _____
2. Airport/Station to place of stay at touring station	Mode of travel _____ Kms _____
II Fare(Rain/Bus/Air for onward journey) From _____ to _____ Fare (train/Bus/Air for onward journey) From _____ to _____	Mode/Class ___ ticket/PNR No. ___ Mode/Class ___ ticket/PNR No. ___
III Conveyance charges(for return journey) 1. Place of stay to airport/station at touring station 2. Airport/Station to residence at headquarter	Mode of travel _____ Kms _____ Mode of travel _____ Kms _____
TOTAL	
IV Total absence from headquarter (indicate time of departure/arrival)	
	Date                      Time
1. Departure from headquarter	_____
2. Arrival at touring station	_____
3. Departure from touring station	_____
4. Arrival at headquarter	_____
V Status of Boarding & Lodging	
1. Lodging provided by host institution (Yes/No) _____	
2. Boarding provided by host institution (Yes/No) _____	

It is certified that:

1. This is my first claim for TA/DA in respect of the above journey.
2. Neither I have received nor I have intention to receive TA/DA in r/o this journey from any other source
3. I have claimed TA for the class/mode in which I have actually traveled and DA for the actual period of absence from H.Q.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_



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**For Accounts Office**

1. Total TA(sum of I to III) \_\_\_\_\_
2. Daily Allowance as per details (IV & V) \_\_\_\_\_
3. Others \_\_\_\_\_

Total Payable

Rs

**Journey Verification**  
Certified that the claimant has performed journey and that he was present at the touring station for the duration of DA claim

(Signature of the tour Approving authority)

Accts. Assistant

Deputy Registrar (F)/ F.O

Passed for payment of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ )

**RECEIPT**

Received Rs \_\_\_\_\_ (Rs. \_\_\_\_\_ )

By Cash/Cehque No. \_\_\_\_\_ dated \_\_\_\_\_

Please  
Affix  
Revenue  
Stamp

Signature