SAVITRIBAI PHULE
NATIONAL INSTITUTE OF
WOMEN AND CHILD DEVELOPMENT

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT

5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

(Travel grant to Non-official participant)

Code No. _____

1. Name _____
2. Address _____
3. Nearest railway station and its distance from duty point _____
4. Name of Programme _____
5. Particulars of *ONWARD* journey:

i) **Rail journey:**

Departure		**Train No.**	**Arrival**			
Date and time	Place		Date and time	Place	Distance	Amount paid

ii) **Road journey:**

Departure		**Arrival**				
Date and time	Place	Date and time	Place	Mode of travel	Distance	Amount paid

6. Particulars of *RETURN* Journey:

i) **Rail journey:**

Departure		**Train No.**	**Arrival**			
Date and time	Place		Date and time	Place	Distance	Amount paid

ii) **Road journey:**

Departure		**Arrival**				
Date and time	Place	Date and time	Place	Mode of travel	Distance	Amount paid

I Certify that :-

(i) Above particulars given by me are correct;
(ii) I was provided with free boarding and lodging during above period
(iii) I have not drawn T.A from any other source in connection with above journey and halts.

Signature of the claimant (with date) _____

Name of the Participant _____

FOR USE IN OFFICE

Certified that the participant has attended the programme for its full duration satisfactorily.

(_____)
Signature of the Programme Director

1. Cutward Journey	(a) Travel grant	₹ _____		
	(b) Local conveyance	₹ _____		
2. Return Journey	(a) Travel grant	₹ _____		
	(b) Local conveyance	₹ _____	Total ₹	_____

Passed for payment of ₹ _____

Dealing Assistant | Accounts Officer | D.D.C.

Received ₹ _____ (Rupees _____)

Signature (with date) _____

Revenue Stamp

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

Details of Individual for payment through NEFT/RTGS/PFMS

Name	
Father's Name	
Date of Birth	
Designation	
Address	
Mobile No.	
PAN No.	
Aadhar Card No.	
Name of the Bank	
Bank Branch Address & Telephone No.	
Account No.	
IFSC Code	
MICR Code	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Name & Signature
With date