## SPONSORED RESEARCH & CONSULTANCY CELL NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR FORM FOR DRAWAL OF TRAVELLING, DAILY ALLOWANCE & REMUNERATION

1) Name in full:

2) Budget Head:

3) Purpose of Journey

4) Department:

5) Project Sanction Order No:

6) SRCC Registration No:

| PARTICULARS OF JOURNEY AND HALTS |               |         |                | Mode of Journey Remarks |                  |               |       |                  |               |       |                  |               |
|----------------------------------|---------------|---------|----------------|-------------------------|------------------|---------------|-------|------------------|---------------|-------|------------------|---------------|
| Departure                        |               | Arrival |                | Road                    |                  |               | Rail  |                  |               | Air   |                  |               |
| Station                          | Date<br>&Time | Station | Date &<br>Time | Class                   | Distance<br>(KM) | Fare<br>(Rs.) | Class | Distance<br>(KM) | Fare<br>(Rs.) | Class | Distance<br>(KM) | Fare<br>(Rs.) |
|                                  |               |         |                |                         |                  |               |       |                  |               |       |                  |               |
|                                  |               |         |                |                         |                  |               |       |                  |               |       |                  |               |
|                                  |               |         |                |                         |                  |               |       |                  |               |       |                  |               |
|                                  |               |         |                |                         |                  |               |       |                  |               |       |                  |               |
|                                  |               |         |                |                         |                  |               |       |                  |               |       |                  |               |
|                                  | Total         |         |                |                         |                  |               | Total |                  |               | Total |                  |               |

## **CERTIFICATION:** -

1. Certified that I was / I was not treated as Guest during my halt at .....and was / was not provided with board and lodging / lodging only at State expense / at the expense of the Government of India or another organization (Scheduled tariffs / Hotel bills attached)

State expense / at the expense of the Government of India of another organization (Scheduled tariffs / H

2. Certified that this claim is not referred to and paid from any other source.

Signature of the PI / Co-PI / Other(s) with Seal Signature of the member who travel

## [to be printed overleaf]

Mode of Payment: Cheque (Advance if any) or RTGS/NEFT (Tick any one)

| Name of Beneficiary:  | Bank & Branch Name: |  |
|-----------------------|---------------------|--|
| Beneficiary's A/c No: | IFSC Code:          |  |

| PARTICULARS                                    | AMOUNT (Rs.)               | For Office Use Only                          |  |  |  |  |
|--|----------------------------|--|--|--|--|--|
|  |                            | Admitted<br>Amount(Rs.)                      | Pay Rs(Rupees  |  |  |  |
| Road ways fare @ Rs/ KM<br>(Institute TA Rule) |                            |  | only)  |  |  |  |
| Rail ways fare                                 |                            |  |  |  |  |  |
| Air ways fare                                  |                            |  | Suptd.(SRCC) <u>Jt./ Dy. Reg. (SRCC)</u>                 |  |  |  |
| Hotel Accommodation                            |                            |  |  |  |  |  |
| Food Bill                                      |                            |  | Associate Dean (R&C)                                     |  |  |  |
| Remuneration to Expert                         |                            |  |  |  |  |  |
| Actual Expenses                                |                            |  | <u>Dealing Asstt. (I. A.)</u> <u>Asstt. Reg. (I. A.)</u> |  |  |  |
| Less (Advance if any)                          |                            |  |  |  |  |  |
| Other Deduction (if any)                       |                            |  |  |  |  |  |
| NET CLAIM                                      |                            |  | <u>Dean(R&amp;C)</u> / <u>Registrar</u>                  |  |  |  |
| (Rupees  |                            |  | ·  |  |  |  |
|  | oniy)                      | Received the payment in full (if yes cheque) |  |  |  |  |
| Signature of the PI/                           |                            | Signature of the Claimant Ch. No<br>Date:    |  |  |  |  |
| <u>Co-PI / Other(s) with Seal</u>              | Signature of HOD with Seal |  |  |  |  |  |