SPONSORED RESEARCH & CONSULTANCY CELL NATIONAL INSTITUTE OF TECHNOLOG DURGAPUR

TA / DA / ADVANCE APPLICATION FORM

1) Name of the applicant:
2) Designation:
3) Dept. / Centre:
4) Employee Code No. :
5) Basic Pay Rs.
6) Project Code:
7) Name of Principal Investigator:
8) Sponsor:
9) Place of visit:
10) Purpose of visit:
11) Duration: fromto
12) Amount of TA advance required, if any: Rs.
13) Whether previous advance has been adjusted: YES / NO
Declaration by the applicant: I have made necessary arrangements for my teaching and other duties during my period of absence as stated above (not necessary for project staff).
Signature of the applicant with date
Recommended / Not recommended

* The signature of HOD / HOC is required only for faculty members / permanent staff of the Institute in the

Signature of the Principal Investigator/Consultant

Signature of HOD/HOC *

	a break-up of estimated expenditures Co-PIs and Co-Investigators	s for which t	he advance is being sought. Advance is	
Recommended / Not	t recommended			
Signature of the Prin	cipal Investigator/Consultant			
Fund Position: Rs				
SRCC Staff	Asst. Registrar (SR & C)	Аррг	roved / Not approved	
		D	ean (R & C)	
	dated for Rs.			
to the above applica) is being passed for payment nt.	from Accou	unt No	
SRCC Staff	Asst. Registrar (SR & C)			
Intimation Slip				
Journey for	(from	to) is approved / not approved.	
Advance of Rs. vide Bill No	from dated		project is passed for payment	
Please attach this sli	ip along with your TA claim.			

Asst. Registrar (SR&C)