

**ICAR-Indian Institute of Maize Research
PAU Campus, Ludhiana-141004**

JOURNEY PARTICULAR OF NON-OFFICIAL MEMBERS

1. Name of the Meeting/Conference etc. attended : _____
with date _____
2. Name & Address of the Member : _____
(in Block Letters) _____
3. Designation, Office to which attached and : _____
present pay, if employed _____
(Last pay drawn in case of Rtd. Non-Official) _____

4. Onward journey (While coming to attend meeting)

Departure			Arrival			Advance Amount Paid
Place	Date	Time	Place	Date	Time	

- I. Air : _____
- II. Rail (Class) _____
Surcharge & Reservation
Charges, if paid _____
- III. State Transport Bus _____
- IV. By own Car/Official Car/Taxi (Full of single seat) _____

5. Return journey (While going back after attending meeting)

Departure			Arrival			Advance Amount Paid
Place	Date	Time	Place	Date	Time	

- I. Air : _____
II. Rail (Class) _____
Surcharge & Reservation _____
Charges, if paid _____
III. State Transport Bus _____
IV. By own Car/Official Car/Taxi (Full of single seat) _____

6. Road Mileage

- (a) From Headquarters/Residence to
Railway Station/AirPort/Bus Stand
And vice-versa Kms
- (b) From Railway Station/Airport/
Bus Stand to place of duty and
Vice-versa Kms

7. Daily Allowance

- a. DA Claim for _____ days @ Rs. _____ per day. Rs. _____
b. DA Claim for _____ days @ Rs. _____ per day. Rs. _____

8. Total amount of the Bill _____ Rs. _____
(Amount indicated against item No.4+5+6+7)

Received contents

Signature of the Member

CERTIFICATE

Certified that :-

1. I actually travelled by Air/ACC 1st Class/Rail/Mail/Express/Train/Bus and paid the fares as claimed in the T.A. bill for my onward journey and shall travel by Air/CC 1st Class/Rail/Mail/Express Train/Bus on the return journey.
2. I undertake to refund the excess amount if any drawn by me in case the return journey not actually performed by the said mode/class of accommodation.
3. The claim has neither been preferred earlier ti the ICAR nor has claimed and shall not be claimed from any other sources.

4. I was not provided with any means of conveyance at Council's expenses and that Taxi/Scooter charges claimed in this bill were actually incurred by me in being taxi/scooter from my residence to Airport/Railway Station to place of meeting and back. I was not provided with free Boarding and /or Lodging on the expense of Council or an Autonomous Body or Local Authority in which Council/Govt. has invested funds or have any other interest for the days for which Daily Allowance has been claimed in this bill.
5. Certified that the journeys for which the mileage has been claimed were not performed in any other vehicles without payment of its hire charges or incurring its running expenses.
6. Certified that I was actually not merely constructively in camp for the days for which D.A. has been claimed.
7. Mode of payment required by CHEQUE/DEMAND DRAFT.

Signature of the Member

Address _____

Certified from the Controlling Officer

It is certified that :-

1. Shri/Smt./Dr. _____ has attend the above meeting from _____ to _____ at _____ and he/she has not been given any T.A. advance/paid T.A. advance of Rs. _____ for this purpose.
2. Exchange voucher for Air Travel from _____ to _____ was given/not given.
3. Air travel or A.C.C.I. Class or higher Road Mileage between two station connected by Rail has been approved by the Competent Authority (copy of the orders to be attached).

Signature of the Controlling Officer
DDG/ADG/Addl. Secy./Dy. P.C./U.S.
Concerned Rubber Stamp

4. Passes for Rs. _____ (Rupees. _____)

Signature of the Controlling Officer
DDG/ADG/Addl. Secy./Dy. P.C./U.S.
Concerned

Rubber Stamp

5. Pay Rs. _____ (Rupees. _____)

Accounts Officer (Audit)

Received a Cheque/Demand Draft No. _____ dated _____ for
Rs. _____ in connection with the above claim.

Signature of the Member

Format for Details of Payee Through E-Payment

Sr. No.	Head	Details
1.	Name of the Account Holder (Payee`s Account Name)	
2.	Name of Account (Current/Saving)	
3.	Name of the Bank	
4.	Bank Account No.	
5.	IFSC Code (Bank/Branch)	
6.	Branch Address	

(Signature of Account Holder)

(With Stamp & Date)