

राष्ट्रीय जैविक संस्थान

NATIONAL INSTITUTE OF BIOLOGICALS Noida TA & DA CLAIM FORM

		Designation)_			
Office/Institute where wor Pay (Basic+NPA) Rs	/-				
I have incurred the followi	ng expenses as pe	r details given in '	A' for atten	dingthis m	nay be reimbursed
(A) TRAVEL:					iay oc reimoursee
Date of Travel	From	To Mode and class of Trav Air/Rail/Taxi/Others			Amount(Rs.)
				,	
(B) D.A					
From	То	Total No. o	f Days	Rate	Amount(Rs.)
			TOT	ΓAL (B)	
(C) HONORARIUM/OT	HERS (please sp	ecify)	101	THE (B)	
,		Details			Amount(Rs.)
			TOT	ΓAL (C)	
GRAND TOTAL (A+	-R+C)				
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(Rupees I certify that the event of any excess paym NIB. I also certify that I from any office/Institution	e particulars furn nent made to me o I have neither dr on for the above j	on account of my rawn any advance ourney.	TA/DA cla e for TA & Name & De	im, the same shall	and belief. In the performance of the refunded to the aim any TA & D
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(Signature of the Claimant)

REQUISTION FORM FOR THE ELECTRONIC TRANSFER OF PAYMENT

Name of the Account holder	
Name of the Bank and Address	
Bank Account no.	
RTGS/NEFT/IFSC Code of the Bank (Real Time Gross Settlement Code)	

(FOR THE USE OF ACCOUNTS SECTION ONLY)

	TOR THE OSE OF ACCOUNTS SECTION ONE!
Debited From	26290100001774
	NATIONAL INSTITUTE OF BIOLOGICALS
Bank of Baroda	
Cheque No. & Date	
Cheque Amount	

For National Institute of Biologicals

P K Mohapatra Administrative Officer (F)

^{*}Kindly be noted that information provided should be legible and correct. The Institute will not take any responsibility for any delay in payment due to incorrect information/details on the part of the agencies.