



राष्ट्रीय जैविक संस्थान
NATIONAL INSTITUTE OF BIOLOGICALS
Noida
TA & DA CLAIM FORM

Name _____ Designation) _____

Office/Institute where working _____

Pay (Basic+NPA) Rs. _____/-

I have incurred the following expenses as per details given in 'A' for attending _____, this may be reimbursed.

(A) TRAVEL:

Date of Travel	From	To	Mode and class of Travel Air/Rail/Taxi/Others	Amount(Rs.)

(B) D.A

From	To	Total No. of Days	Rate	Amount(Rs.)
TOTAL (B)				

(C) HONORARIUM/OTHERS (please specify)

Details	Amount(Rs.)
TOTAL (C)	

GRAND TOTAL (A+B+C)

(Rupees _____ only)

I certify that the particulars furnished by me true to the best of my knowledge and belief. In the event of any excess payment made to me on account of my TA/DA claim, the same shall be refunded to the NIB. I also certify that I have neither drawn any advance for TA & DA nor shall I claim any TA & DA from any office/Institution for the above journey.

Date: _____ Signature _____
Name & Desg. _____

FOR OFFICIAL USE

The above particulars have been checked and the following amount may be passed for payment please.
TA _____ DA _____ Other/Allowance(if any)/Honorarium _____
Advance drawn if any _____ Total payable (Net) Rs. _____/-

(Co-ordinator)

(Administrative Officer Finance)

(Director)

RECEIPT

Received a sum of Rs. _____/-Rupees _____ only

(Signature of the Claimant)

REQUISITION 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)	

*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.

(FOR THE USE OF ACCOUNTS SECTION ONLY)

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)