**Saha Institute of Nuclear Physics**

**TA/DA Form for Visitors**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Sri/Smt/Dr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departure location, time, date | |  | | | | | | Arrival time and date at Kolkata | | | | |  | | | | | | Departure time and date from Kolkata | | | | | | | |  | | |
| Main mode of journey (air/train) | | | | | | | | | | |  | | | | | | | Cost | | | | |  | | | | | | |
| Distance travelled by road  (attach bills) | From and to | | | | | |  | | | | | | | | Date | |  | | | | | | | | Cost | | | |  |
| From and to | | | | | |  | | | | | | | | Date | |  | | | | | | | | Cost | | | |  |
| From and to | | | | | |  | | | | | | | | Date | |  | | | | | | | | Cost | | | |  |
| From and to | | | | | |  | | | | | | | | Date | |  | | | | | | | | Cost | | | |  |
| Enclosed bills (Please √) | Air ticket | | | | | | Onward | | | Retrun | | | | Boarding pass | | | | | | | Onward | | | | | Return | | | |
| Train ticket | | | | | | Onward | | | Return | | | | | | Taxi/Bus | | | | Onward | | | | | | | | Return | |
| Accommodation | | | | | | | | | SINP guesthouse | | | | | | | | | | Own arrangements | | | | | | | | | |
| Specify any other bills and attach | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Full official address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Whether under DAE? | | | |  | | | | |
| Visitor’s designation | | | | | |  | | | | | | Basic pay + Grade pay | | | | | | | | | | | |  | | | | | |
| Bank name | | |  | | | | | | | | | Branch name | | | | | | | | | |  | | | | | | | |
| Account number | | | | |  | | | | | | | IFSC code | | | | | | | | | |  | | | | | | | |
| Signature with date | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

**N.B: All fiels are mandtory to fill for the processing the claim. All necessary bills/documents must be counter signed by the visitor. Department/Section must cross check all documents and will attach the approval copy of the visit.**

**For Office use**

Air/Train/Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road mileage/Taxi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DA, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Honorarium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received the sum of rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only

Signature with date

Prepared by AO DCA Registrar Director