

INDIAN PHARMACOPOEIA COMMISSION
Ministry of Health & Family Welfare
Government of India
Sector-23, Rajnagar, Ghaziabad-200 1002.

T.A. CLAIM FORM

Activity _____

Name: _____

(in block letters)

Designation: _____

Address: _____

Pin Code _____

Basic Pay: _____

Departure		Arrival		Mode of Travel	Actual Fare paid	Distance in km for road mileage	Purpose of Journey
Date and Time	Station (City)	Date and Time	Station (City)				

Certified that:

1. I have not claimed/will not claim TA/DA from any other source for the above journey.
2. Rail/Air journey was performed by me in the class of accommodation for which I am entitled as per rules.

Date:

(Signature of the claimant)

Note:- Please enclose original/photocopy Ticket of To & Fro Journey

TO BE FILLED IN BY THE OFFICE

Calculations

T.A. Cost: Air fare: _____
 Train fare: _____
 Bus fare: _____
 Taxi fare: _____
 Auto fare: _____
 D.A. _____

Total Amount Rs. : _____

Payment Sanctioned

(Signature of the Co-ordinator)
Date:

Received

Rs. _____ (Rupees _____
_____) toward T.A. claims.

(Signature of the claimant)
Date:

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS
SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS**

A. DETAIL OF ACCOUNT HOLDER:-

1	NAME OF ACCOUNT HOLDER	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER / FAX / EMAIL	
4	PAN No. (MANDATORY)	

B. BANK ACCOUNT DETAIL:-

1	BANK NAME	
2	BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
3	WHETHER THE BRANCH IS COMPUTERISED?	
4	WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE -	
(i)	IS THE BRANCH ALSO NEFT ENABLED?	
(ii)	TYPE OF BANK ACCOUNT(SB/CURRENT/CASH CREDIT)	
(iii)	COMPLETE BANK ACCOUNT NUMBER (LATEST)	
(iv)	MICR CODE OF BANK	

I hereby declare that the particular given above are current and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible.

Date:

Certified that the particulars furnished above at 'A' & 'B' is correct as per our records.

**Signature of Account Holder
Phone No.:**