

TA CLAIM FORM FOR CANDIDATES APPEARING FOR COMPUTER BASED TEST (CBT) ON 09.03.2018
(APPLICABLE IN CASE OF SC/ST/PwD CANDIDATES)

1. Roll No. _____
 2. Name in full _____
 3. Mailing Address (as indicated in Admit Card) _____

4. Name of nearest Railway Station to Correspondence Address _____

5. a) Name of Railway Station from which actual journey Commenced _____

If journey was performed by bus, name of place from which actual journey commenced _____

6.	Travel Details	Item	Inward journey	Proposed outward journey
			_____	_____
			Mode _____	_____
			Class of Travel _____	_____
			Date & Time of Start of journey _____	_____
			Train Name & No. _____	_____
			Railway Ticket (Enclose Railway Ticket/ Bus Ticket)	_____
			_____	_____
			Rail/Bus fare	_____
			_____	_____
			Total fare claimed for Inward & outward journey	_____

7. Bank Details
 Name of the bank in which TA claim is to be reimbursed _____
 Address/Branch Name of Bank _____

 IFSC Code _____
 Account Number _____
 Account Holder's Name _____

CERTIFICATE

I certify that the concessional return ticket(s) was/were not available to the test center on the date of commencement of journey.

Certified that I have actually travelled and for the return journey shall travel by the class for which claim has been preferred.

Certified that the railway fare claimed is by the shortest route from the railway station nearest to residence or from where I actually performed the journey to the test center and back to the same station.

Certified that I am not a Railway employee and have not availed of any free or concessional pass issued by the Railways or any other authority.

Certified that I am not on official duty from my present organization.

Bus ticket is enclosed (in case of travel by bus).

Certified that I have not availed of any LTC or student concessions or any other travel concession while performing the journey.

Certified that I have availed of LTC/Student Concession/other travel concession and accordingly I have reduced the fare claimed.

Signature _____
Name _____
Date _____

Claim checked, verified and countersigned.

The original caste certificate issued by the competent authority has been seen and verified; attested copy of the same has been attached to the claim form.

POWERGRID Observer
(Signature)

FOR OFFICE USE: DO NOT WRITE BELOW DOTTED LINE

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Passed for Payment of Rs. _____ Received Rs. _____
Rupees _____ Rupees _____
_____ Only)

<u>1 4 0 2 0 2</u>		<u>7 3 0 1 1 1</u>				
34	89	99	104	104	110	Revenue Stamp
A/c Code Amt. Rs. P. Cash/Bank						Signature of Candidate _____
Code						Date _____
Accts. Astd./Acctt. _____						
F & A Executive _____						