



ASSAMUNIVERSITY:SILCHAR
T.A/D.A. CLAIM FORM

(For Account Transfer (Mandatory field))

Name of claimant :	_____	Name of bank	_____
Designation :	_____	Name of branch	_____
Basic pay/ Level :	_____	Account No.	_____
Headquarter :	_____	IFS Code	_____
Purpose of visit :	_____	Type of Account:	_____
		MICR Code No:	_____

A. TRAVELLING ALLOWANCE:

B. DAILY ALLOWANCE

TOTAL PERIOD OF ABSENCE FOR HEAD QUARTER	NO OF DAYS FOR WHICH DA CLAIMED		RATE	AMOUNT
	At reduced rate	At full rate		

Name and address of
Hotel accommodation:

No of days stayed:

Claim as per "A" : _____

Claim as per "B" : _____

Total (A+B) : _____ (Rs.only.) Certified that incumbent has performed his/her duties in report

to and
Conveyance be paid for the periodto

Signature of the claimant with date

**Signature of Supervising
Officer / Head of the Department**

**Countersigned by
Head of Office/ Dean of Schools
With date and office seal**

Passed for payment of Rs. _____ (Rupees _____)

Received in full

Signature of the Claimant (Affix revenue stamp)

Dealing Asstt.

Section Officer

**Finance Officer
Assam University, Silchar**