NATIONAL INSTITUTE OF VIROLOGY, PUNE - 411 001

INDIAN COUNCIL OF MEDICAL RESEARCH

20-A, Dr. Ambedkar Road, Post Box No. 11, Pune - 411 001 (INDIA)

1. Name and Designation _____
   (In BLOCK letters)
2. Basic Pay (Plus NPA, if any) _____
3. Name of the Committee and
   Dates of Meeting Attended _____
4. *(a)* Status–
   (Whether official or non-official) _____
   (b) If non-official, whether he/she is an employee of bodies incorporated or not which are wholly or substantially owned or controlled by the Central/State Government or a statutory body, including Central or State Government Officers deputed on foreign service with those bodies _____
5. Distance from parent institution to _____
   Railway Station/Airport _____ kms. _____
6. Date and time of departure for
   outward journey from Station _____ Date _____ Time _____
7. Date and Time arrival at Station _____ Date _____ Time _____
8. Distance from Railway Station/Airport to
   the place of meeting _____ kms. _____
9. Mode of conveyance :– Outward Taxi/Scooter/Free conveyance*
   (Please strike as inapplicable)
   Inward Taxi/Scooter/Free conveyance*
   (Please strike as inapplicable)
10. Date and time of departure for inward journey from Station _____ Date _____ Time _____
11. Date and time of arrival at Station _____ Date _____ Time _____
12. Class in which travelled (in case of Railway only) _____
13. Cost of Railway/Air fare (each way)
    Railway/Air Ticket No. _____ Outward Rs. _____
    Railway/Air Ticket No. _____ Inward Rs. _____

CERTIFIED THAT :

(i) The journey was actually performed by me by Air/ACC/First Class/Mail/Express Train and paid the fares as claimed in the T. A. bill for my onward journey and shall travel by Air/ACC/First Class Train on the return journey.

(ii) The journey was actually performed by the same class of accommodation in respect of which travelling allowance has been claimed.

(iii) I undertake to refund the excess amount, if any, drawn by me in case return journey is not actually performed by the said mode/class of accommodation.

(iv) The Road journeys for which mileage allowance has been claimed at the higher rates prescribed in Rule 46 of the Supplementary Rules were not performed by me by taking a single seat in any public conveyance which plies regularly for hire between fixed points and charges fixed rates. It is also certified that the journey was not performed by me in any other vehicle, without payment of its hire charges or incurring its running expenses.

(v) No return ticket was available for this journey.

[P. T. O.

(vi) I did not avail of free board and/or lodging at the expenses of a State Government or any organization financed from State Funds during the days for which full daily allowance has been claimed in this bill.

(vii) Certified that I was actually not merely constructively in Camp for the days for which D. A. has been claimed.

(viii) The claim has neither been preferred earlier to the ICMR nor has been claimed and shall not be claimed from any other source.

(ix) Stayed from _____ date _____ to _____ date _____

at _____
(Name of Hotel/Establishment)

at _____ which provides board/lodging.
(Place)

Scheduled Tariffs.

The above certificate will be accepted if supported by vouchers in respect of the stay in the Hotel/Establishment, which should be annexed to the T. A. claim.

Signature _____

Full Address _____

_____

_____

(BILL FORM)

Rail/Air/Bus Fare _____ Rs. _____

Road Mileage : (No. of kms.) _____ Rate _____ Rs. _____

D. A. (No. of days) _____ Rate _____ Rs. _____

Total : Rs. _____

Less Advance Rs. _____

Net Payment Rs. _____

(Rupees _____)

Received contents

Signature
(with Revenue Stamp)

Drawing and Disbursing Officer,
National Institute of Virology, Pune - 411 001

Countersigned

Controlling Officer

(For use in Accounts Section)

Passed for Rs. _____

Accounts Officer