

**Dr. A.P.J. Abdul Kalam Technical University**  
**I.E.T. Campus, Sitapur Road, Lucknow-226021**

TA/DA and honorarium/remuneration Bill of non official Member invited to attend the meeting/visits  
**Part-I (To be filled by non-official Committee Member/Participant)**

1	a) Full name (No abbreviation allowed)	:	
	b) Designation	:	
	c) Postal address	:	
2	Name of Institution	:	
3	Pay Scale and present basic pay	:	
4	Whether retired or still in service	:	
5	Permanent account No. (PAN)	:	
6	Bank Account No.	:	
7	Bank Name & Branch address	:	
8	IFS Code	:	
9	Purpose of visit/Meeting	:	
10	Chairperson	:	
11	Convener of Meeting	:	
12	Date(s) of Meeting/Visit	:	

**13- Details of Journey(Including from and to residence/office and airport/Railway Station etc.)**

Number of Car/Taxi if Used During the visit: -----

Departure		Arrival		Mode of Journey	@ @	Distance in Kms.	Fare Paid Air/Rail/ Taxi etc.	Air/Rail Ticket No.
From	Date/ Time	To	Date/ Time					
Total								

Note: If Transport/Air Ticket is provided by AKTU kindly mention details and attach Self verified copy of tickets.

@@: In case travelled by car/Taxi please indicate car/ taxi number and specify whether it was on shared or individual basis. Also indicate the number of persons in the above mentioned column who shared the car/ taxi.

- 14 1) (a) Mention whether fooding and lodging were provided by the University : (Yes/No)  
 (b) If yes, no DA is admissible.  
 (c) If no, then whether staying in rented accommodation (Hotel/Guest House) with payment of some charges, please specify  
 (i) Boarding & Lodging charges per Day. -----  
 (ii) Duration of stay in days (No. of days) -----  
 Total Amount (Rs.) -----  
 (Please attach original self verified receipts of hotel/Guest house)

- 15 Honorarium/Remuneration  
 (i) Number of sitting/Days -----  
 (ii) Rate of Honorarium/Remuneration per sitting/Day -----  
 Total Amount (Rs.) -----
- 16 Grand Total Amount (Sum of serial Number of 13+14+15) (Rs.) -----

- 17 Certified that:  
 1) This claim has been submitted for the first time and this claim has not been submitted before.  
 2) Particulars provided herewith are correct in all respect and as per rules.  
 3) Neither I have claimed TA/DA etc. for this journey from any other source nor I have got any payment for this journey/work.

Place:-----

Date:-----

Signature of Claimant

PAYEE'S Pre RECEIPTS

Received Rs. ----- (Rupees in words) -----

Signature of claimant  
 (Revenue Stamp)

Part-II (to be filled by convener/ Organizer of meeting)

The Claimant was invited under the authority of controlling officer and his attendance and claim as above is verified.

Signature of Convener

Signature of Chairperson

Part-III (to be completed by finance section)

1	DA-----Days @	Rs.-----	Passed for payment for Rs.
2	TA	Rs.-----	
3	Honorarium/Remuneration	Rs.-----	
4	Grand Total	Rs.-----	
5	TDS @ 1.0% (-)	Rs.-----	
6	Net Amount to be paid	Rs.-----	

Asst. Accountant/Accountant

F&A.O.

Finance Officer / D.D.O.