CV Camp Purpose ONLY	Code No. 201 A

Mahatma Gandhi University, Kottayam-686560

T.A. / D.A. Bill to be submitted by all the Examiners

(NB : ALL THE ENTRIES SHALL BE MADE CORRECTLY AS PER THE REQUIREMENT/GUIDELINES NOTED)

###

Name of the Course: Bachelor/ Master of ....(Br............................)

.... Semester/ Year, Month :......................., Year : 20.....**(as in Question Paper)**

1. Name of Examiner **(in BLOCK LETTERS)**   Shri/Smt. ....

2. Name & Full Postal Address (with PIN)   ....
    of the College/Centre (in BLOCK LETTERS) ....

3. Dept. in which the Examiner is working   Dept. of......................................

4. Status of the Examiner   UGC - Govt. ○ / Aided ○
    (Pl. tick the Mode of Appointment) Unaided / SF - Contract ○ / Guest ○

5. Pay (with scale of pay)   Rs. .... /- Rs. ..../-

6. Contact Numbers of the Examiner   Mob.1.............................., Mob.2............................

Landphone(with STD code):........................... e-mail id : ....

7. Bank details of the Examiner **(Give these details with utmost care)**

Name of the Bank :.........................Br.............................Dist : ....

SB A/c No :..IFSC : ....

(Please Fill in the above A/c No. as Right Alligned, as given in the Bank Passbook)

8. Communication from Uty: ....Dated...........; Received on..........(date)

9. Details of Duty Performed as :   **(Pl. tick in the appropriate circle below)**

Chairman/Chairperson○ Dy.Chairman/Dy.Chairperson○ Chief Examiner ○ Addl.Examiner ○

10. Camp held at **(Name of the Institution with Place)** : ....

11. The journey performed & the halt details by the Examiner as per Item 8.

Date	Place/ Station		Mode of Conveyance Used & Distance in Km.+ TA					DA for halt	
	From	To	By Road	By Rail	By Air	Rate	Amount	Rate	Amount
							Total--->		Total--->	

12. <u>DECLARATION</u> **:** It is hereby certified that the data furnished in this bill is correct to the best of my knowledge & as per Uty. rules. I agree that the amount paid to me is provisional and also declare that I shall refund to the University,any amount received, which may be disallowed subsequently by Audit.

Dated signature of the
Chairman &
Name..............................
Mob. No...........................

Dated signature of the
Examiner who travelled &
Name ....
Mob. No...........................

Revenue Stamp (sign across)

xxxxxxxxxxxxxxxxxxxxxxxxx   **For Office Use ONLY**   xxxxxxxxxxxxxxxxxxxxxxxxx

Passed for payment Rs.................(Rupees ....only

Sub Vr. No............ Vr. No.................. Bill No. .... dtd......... Head of Account :..................

Dated signature of the Camp Officer &
Name...
Mob. No...

As per U.O. No. ....Dated..........

Dated signature of the Audit Officer &
Name...................................
Mob. No...

As per U.O. No. ....Dated........