



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

BILL FOR TA & DA
Part - I

CERTIFICATION BY ACADEMIC OFFICE

Degree	:	B.Tech./B.Arch./M.Tech./MBA/MCA/M.Sc./M.Arch./M.S./Ph.D.
Department	:	
Specialization	:	
Purpose of Claim	:	Comprehensive Viva-Voce / BoS / Academic Audit / Project Viva-Voce / DC Meeting / Synopsis / GTC Meeting / Public Viva-Voce / Design Review / other (specify)
Semester / Trimester / Year	:	
Course Code / Title	:	
Date & Time of Exam / Meeting	:	
Mode of meeting (online/offline)	:	
Name of the Faculty in charge/ Guide (s)	:	
Name of the Student & Roll No*	:	

*Please attach the Name list of the Student(s) & Roll. No(s) for UG and PG / Attach the minutes of meeting for M.S./ Ph.D./BOS/Academic Audit

Name & Signature of the Faculty in-charge / Guide(s)

HOD

Remarks:

Note:

This is to certify that _____ conducted on _____. The sitting fee for the same may be forwarded for payment.

**Assistant / Superintendent
(Academic)**

**Assistant Registrar
(Academic)**

**Associate Dean (Academic)
(UG / PG / M.S. / Ph.D.)**

BILL FOR TA & DA

Part – II CERTIFICATION BY REGISTRAR OFFICE

(Sitting fee, Travel expense, etc., to be paid to the examiner)

SI. No.	Particulars	Amount (Rs)				
1.	Rail fare from _____ to Tiruchirappalli					
	Rail fare from Tiruchirappalli to _____					
2.	Air Ticket Booked by Self					
	Journey	From	To	Boarding Pass	Status	
	Onward		Tiruchirappalli	Pass Submitted		
		Self-Declaration				
	Return	Tiruchirappalli		Pass Submitted		
Self-Declaration						
3.	Availed institute empaneled taxi / Incidental charges from _____ to NIT, Tiruchirappalli					
	Availed institute empaneled taxi / Incidental charges from NIT, Tiruchirappalli to _____					
4.	Sitting fee for UG/PG Project Viva-Voce / Comprehensive Viva-Voce / Synopsis / Dissertation / Review for Design/Studio / DC Meeting / Ph.D. Viva-Voce Rs. _____ for _____ Student(s)					
5.	Others					
Total						

*** Attach boarding pass for travel by Air**

Received a sum of Rs. _____ (Rupees _____ only) from the Director, National Institute of Technology, Tiruchirappalli – 620 015 towards TA / DA / Remuneration for the above-mentioned work.

Account Number	:		Signature with date	:	
Bank	:				(Affix revenue stamp if the total claim is Rs. 5000/- and above)
Branch	:		Name	:	
IFSC Code	:		Designation	:	
PAN Number	:		Name of the organization and address	:	
Phone No:	:				
(We will contact you only for the payment issues)					

Faculty in-charge / Guide

Head of the Department

BILL FOR TA & DA**Part – III CERTIFICATION BY REGISTRAR OFFICE**

Sl. No	Beneficiary details	Particulars in detail Purpose and account details					Amount
1.	Examiner	Remuneration (sitting fee)					
		Travel Expense					
2.	Expense borne by Faculty in-charge / Guide (if any)						
3.	Expense borne by scholar (if any)						
4.	Taxi fare to travels (if any)						
5.	Air ticket booked by the institute (to be paid to Balmer Lawrie agency)	Journey	From	To	Boarding Pass	Status	
		Onward		Tiruchirappalli	Pass Submitted		
					Self-Declaration		
		Return	Tiruchirappalli		Pass Submitted		
Self-Declaration							
Total							

* Attach boarding pass for travel by Air

Total Amount in words:

Faculty in-charge / Guide

Head of the Department

Self-declaration Certificate in lieu of Boarding Pass

I _____ Designation _____ working in _____ hereby declare and certify that:

1. I have misplaced my Boarding Pass and do not have a digital/physical copy.
2. I have actually performed the onward journey from _____ to NITT Tiruchirappalli on _____ (date) using the air ticket purchased by NITT /by me vide PNR No. _____ dated _____. Issued by _____. (Name of Airlines Company/Authorised Agency).
3. I have actually performed the return journey on Tour from NITT Tiruchirappalli to _____ on _____ (date) using the air ticket vide PNR No. _____ dated _____ Issued by _____ (Name of Airlines Company/Authorised Agency).
4. I further declare that I have neither claimed nor will claim part or full of this claim for this journey from any other source.
5. In case the above declaration given by me is not found true at any stage, I will refund the sum along with penal interest thereon as per the Government of India Norms.

Signature with date	:	(Affix revenue stamp if the total claim is Rs. 5000/- and above)
Name	:	
Designation	:	
Name of the organization and address	:	

Countersigned by

Guide / Faculty in Charge

Head of the Department