



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

BILL FOR TA & DA
Part - I

CERTIFICATION BY ACADEMIC OFFICE

Degree	:	Ph.D.
Department	:	
Specialization	:	
Purpose of Claim	:	PMRF Review Meeting
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) and attach the minutes of Ph.D. PMRF Review Meeting.

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

PMRF Coordinator

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)**

Sl. 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 Ph.D. Review Meeting Rs. <u>5000</u> for <u>one</u> Student					5000
5.	Others					
Total					5000/-	

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

Received a sum of Rs. 5000/- (Rupees Five Thousand 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	:	(Affix revenue stamp if the total claim is Rs. 5000/- and above)
Bank	:				
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**PMRF Coordinator****Head of the Department**