|  |  |  |
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|  | **GOVERNMENT COLLEGE OF ENGINEERING KARAD**  *(An Autonomous Institute of Government of Maharashtra)*  Vidyanagar, Karad Dist. Satara MH PIN-415124  <http://gcekarad.ac.in> Phone: 02164 272414, 9545272414 [principal@gcekarad.ac.in](mailto:principal@gcekarad.ac.in) | **[महसूल व वन विभाग, महाराष्ट्र शासन ...](https://www.google.co.in/url?sa=i&url=https://rfd.maharashtra.gov.in/&psig=AOvVaw2L1gP5ilKdy5FMtMUwHI2N&ust=1592552290763000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCJCmrevsiuoCFQAAAAAdAAAAABAD)** |

**TA/DA for ESE Practical/Project/Dissertation Examination**

**END SEMESTER PRACTICAL WINTER / SUMMER / MAKEUP 20\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Examiner |  | | | |
| Designation |  | | Pay Matrix/Level: | |
| College/Office Address |  | | | |
| Date of Examination |  | | | |
| Bank Name | Branch & City Name | Account No. | | IFSC Code |
|  |  |  | |  |

Details of journey (including from and to residence/office and Railway station)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Departure** | | **Arrival** | | **Mode of Journey** | **Distance in Kms** | **Fare Paid (Rail/Taxi etc)** |
| **From** | **Time** | **At** | **Time** |
|  |  |  | GCE Karad |  |  |  |  |
|  | GCE Karad |  |  |  |  |  |  |
| Certified that:   1. Particulars provided herewith are correct & that I have not claimed TA/DA etc. for this journey from any other source. 2. I was not provided free lodging and/or boarding at the cost of Govt./University or any other Govt. aided body. 3. I shall perform the return journey by the same mode as claimed in the TA bill. | | | | | | TA | Rs. |
| DA  Rs.\_\_\_ x \_\_ days | Rs. |
| Rs. in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Grand Total** |  |

Whether staying in rented accommodation or making own arrangements\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Date:** | **Clerk Signature** | **Claimant Signature** |
| **Date:** | **Internal Examiner** | **Head of Department** |
|  | **Name:** | **Name:** |
| **Date:** | **Exam Cell Clerk** | **Controller of Examination** |

**Accountant Registrar Principal**