(Approval Number: JEC-TEQIP/ ……. ...../ ................) **Jorhat Engineering College**

**Jorhat-785007, Assam**

**FORM 7:** Application Form for Financial support (Faculty/Staff) under TEQIP-III to attend Conference / Workshop/ Short term course/ Seminar/Training Courses

*Incomplete applications will not be processed*

|  |
| --- |
| Name of faculty/staff: |
| Department: Designation :  |
| Grade Pay : PAN :  |
| Mail id : Mobile No. |
| Name of the Bank : IFSC Code : |
| Bank a/c No. |
| **Details of Conference / Workshop/ Short term course/ Seminar/Training Courses**  |
| Name :  |
| Place : |
| Dates: |
| Declaration by the applicant:I hereby declare that the information provided by me is true in all respects.Signature of faculty/staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | VerifiedSignature of HOD/HOC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OFFICE USE (Academic)****(Document Verified)** |
| Coordinator (Academic) JEC-TEQIP |
| Expenditure: |
| Sl. No. | Particulars | Amount claim (Rs) | **OFFICE USE (Finance)** |
| Amount Sanctioned**OFFICE USE** | Remarks**OFFICE USE** |
| 1 | Travelling Allowance |  |  |  |
| 2 | Accommodation |  |  |  |
| 3 | DA |  |  |  |
| 4 | Registration Charges |  |  |  |
| 5 | Any other |  |  |  |
| TOTAL |  |  |  |
| in words : Signature of faculty/staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Verified by accounts officer :  |
| Verified by Coordinator (Finance) JEC-TEQIP |
| **OFFICE USE** |
| Forwarded to Principal for approvalCoordinator, JEC-TEQIP | Approved / Not ApprovedPrincipal, Jorhat Engineering College |

**Jorhat Engineering College**

TRAVELLING ALLOWANCE BILL

**PART-A (To be filled up by Government servant)**

Name:

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Journey : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Event: (From -- To)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: Number of Days: \_\_\_\_\_\_\_

Details of Journey:

A) If travelled by Air/ Rail

|  |  |  |
| --- | --- | --- |
| Departure | Arrival | Fare Paid |
| Date & Time | From | Date & Time | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |

B) If travelled by Road :

|  |  |  |  |
| --- | --- | --- | --- |
| Departure | Arrival | Name of Service provider with invoice No./If travelled by own car : Registration Number  Total km | Fare Paid |
| Date & Time | From | Date & Time | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  |

C) Particulars to be furnished along with hotel receipt

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period of Stay | Name of Hotel | Bill/ Invoice No | Daily rate of lodging charge | Total amount paid |
| From  | To |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  |

 12. Amount of T.A. advance. If any, drawn :

Certified that the information as given above is true to the best of my knowledge and belief.

Date **Signature of the Govt. servant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART-B (To be filled in the Bill Section)**

1. Details of expenditure entitled :

a) Railway/ air/ bus /steamer fare : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Road mileage for \_\_\_\_\_\_\_\_\_ Kms @ Rs. \_\_\_\_\_\_\_\_\_\_\_ Per/Km.: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Daily allowance

(i) \_\_\_\_\_\_\_\_\_\_\_Days @ Rs. \_\_\_\_\_\_\_\_\_\_\_ /Per Days : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Accommodation expenses : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_

 Gross Amount Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_

e) Less amount of advance. If any, drawn vide

Voucher No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_ Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_

 Net amount Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by:

Signature of Accounts Officer Signature of Finance Officer

Forwarded for approval Approved by:

Signature of TEQIP Coordinator Signature of Principal