

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.		Verified	OFFICE USE (Academic) (Document Verified)	
Signature of faculty/staff		Signature of HOD/HOC	Coordinator (Academic) JEC-TEQIP	
Name: _____		Name: _____		
Date: _____		Date: _____		
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 :		Verified by accounts officer :		
Signature of faculty/staff				
Name: _____				
Date: _____				
		Verified by Coordinator (Finance) JEC-TEQIP		
OFFICE USE				
Forwarded to Principal for approval		Approved / Not Approved		
Coordinator, JEC-TEQIP		Principal, 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