

TA/DA PROFORMA

OFFICE OF THE PRINCIPAL, GOVT. COLLEGE FOR WOMEN, NARNAUL

NAME OF THE DEPARTMENT _____

DATE & TIME OF DEPARTURE _____ DATE & TIME OF ARRIVAL _____

Sr. no.	Name of the officer/Official/student	Journey		Bus Fair	No. of days	D.A.	Local conveyance	Total	Signature	Purpose of journey.
		From	To							
1.										
2.										
3.										
4.										
5.										
6.										

1. Certificate for the participation is attached.
2. Rail/Bus tickets from Narnaul to _____ attached.
3. Certified that the contingency charges claimed for have actually been spent.
4. Recommended for the Payment of Rs. _____
5. Certified that the particulars are given in bill are correct.
6. Certified that the bill is being submitted first time for the payment.

Signature _____

Name _____

Designation _____