

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION**  
**TATA INSTITUTE OF FUNDAMENTAL RESEARCH**  
**ACCOUNTS SECTION**

**TA/DA Advance Form**

(Please fill this form one week in advance)

Name: \_\_\_\_\_

Purpose of the Journey \_\_\_\_\_

Details of Forward Journey: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Class of Travel: \_\_\_\_\_ Fare : \_\_\_\_\_

Details of Return Journey:

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Class of Travel : \_\_\_\_\_ Date : \_\_\_\_\_

Please pay me advance for TA/ DA for the above journey.  
(Strike out X, whichever is not applicable)

Signature:

Date:

Sanctioning Authority

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For office Use

Advance Payable Rs.

For Daily Allowance Rs.

For Travelling Allow. Rs.

For Others. Rs.

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Rs.

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Asstt. Accounts Officer