

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

V. N. Purav Marg, Mankhurd,  
Mumbai -400 088

**Travelling & Halting Allowance Bill**

Name :  
Computer ID No. :  
Designation :  
Section :  
Basic Pay :  
Headquarters & place of duty :  
Purpose of the journey with  
Particulars & place of halt. :

|   | Date   | Time          |
|---|--|---------------|
| Departure from Headquarters   |  |               |
| Arrival at touring station  |  |               |
| Departure from touring station                                      |  |               |
| Arrival at Headquarters   |  |               |
| Mode & class of travel  |  | Amount ( Rs.) |
| Onward journey Ticket No.   |  |               |
| Return journey Ticket No.<br>(Attach original tickets/counterfoils) |  |               |
| Period of halt and Halting Allowance                                |  |               |
| Whether free transport used   |  |               |
| Mode of conveyance at Headquarters                                  |  |               |
| A) Office/Residence to Airport/Railway Station and fare paid.       |  |               |
| B) Airport/Railway Station to Office/Residence and fare paid.       |  |               |
| C) Airport/Railway Station to place of duty and fare paid.          |  |               |
| D) Place of duty to Airport/Railway Station and fare paid.          |  |               |
|   | <b>Total.</b>  |               |
|   | <b>Advance drawn –</b><br>Air/Railway fare :<br>Cash |               |
|   | <b>Balance due to –</b><br>Me / Institute            |               |

Note:-

1. Any other information having a bearing on this TA claim. :  
Whether any claim in respect of this tour has been made :  
Under "Recoverable (Extra Mural)", IF so, please specify :  
Agency, its address & letter of invitation/commitment.  
Nature and period of leave, if any, availed of during the :  
Whether free boarding/lodging or both were provided at the :  
touring station, if so, give particulars.
5. Budget (if deputation, enclose a copy of approval) : INSTITUTE/DEPUTATION/FIELD TRIP
6. Director's approval in case of higher class of travel (if any) :
7. Copy of original approval for the trip. :
8. Reasons for excess stay, if any, at the touring station. :
9. In case of settlement on actuals, enclose bills for :  
lodging/ boarding.

**Signature :**

**Name :**

**Designation :**

**Approval for Controlling Officer**

**Date :**

**Extn. No :**

**Signature :**

**Name :**

**Designation :**

**Department :**

**Date :**

**CERTIFICATE**

**CERTIFIED THAT**

1. Timings, distances, period of halt, etc. indicated in the form are correct to the best of my knowledge.
2. DA has been claimed for days actually, and not merely constructively spent in camp including holidays.
3. No DA has been claimed for days spent on leave.
4. The journeys were performed by the shortest and cheapest route.
5. The railway journeys were actually performed by the class of an accommodation for which TA has been claimed.
6. The road journeys for which mileage has been claimed at rates applicable for taxis/auto rickshaws were not performed by taking a single seat in any public conveyance which plies regularly for hire between fixed points and charges fixed rates, I also certify that none of the road journeys for which mileage has been claimed was performed in a vehicle without payment of hire charges.
7. I did not share conveyance with any other government servant in respect of road journey for which mileage has been claimed in the TA bill.
8. Return tickets at reduced rates were not available in respect of journeys for which full rates have been claimed in TA bill.
9. Certified that the rail journeys for which fare has been claimed at super fast/express/mail rates were actually performed in super fast/express/mail trains.
10. On the days of which DA at full rates are claimed, I was not provided with either free board, or free lodging or both.
11. Certified that I stayed from \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_ (name of hotel/establishment) at \_\_\_\_\_ (name of place) which provides lodging at scheduled tariffs, Bill No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ duly receipted issued by the hotel/ establishment is enclosed.  
If the stay is more than in one hotel, certificate may be amended suitably to cover different hotels at the same place/different place.
12. **Balance due to Institute be recovered from my salary.**

**Signature :**

**Name :**

**Designation :**

**Date**