

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI - 32.

Claim Bill for Travelling Allowance, Halting Allowance etc. of EXAMINERS / EVALUATORS appointed for University Practical/ Clinical/ Oral Examinations/ Central Valuation.

Name of the Examination Centre /
Central Valuation



:

1. Name of the Examiner / Evaluators
and Designation and the College in which
working (in Block Letters)



:

2. Name of the Examination / Valuation

a) UG/PG

:

b) Course

:

c) Year

:

d) Subject

:

3. Date(s) of Examination / Central Valuation :

From

To

4. TRAVELLING ALLOWANCE :

Date & Time (1)	From (2)	To (3)	Mode of Conveyance (Train/Bus) (4)	No. of kms. travelled (5)	Amount of Actual Fare Rs. (6)

5. HALTING ALLOWANCE

: Rs.

6. CONVEYANCE CHARGE

: Rs.

Total

: Rs.

Total amount in words : -----

BANK DETAILS	
Name of the Examiner	
Bank Name	
Bank Branch Address	
A/C Type	
A/C No.	
IFS Code	
Examiner Mobile No.	
PAN Card No.	
E.Mail ID	

CERTIFICATES:

1. " I certify that I am entitled to the Train Fare/ Bus Fare as above and I have actually travelled by IInd A/c. / Bus / Taxi ".

2. " I certify that the claim has not been preferred earlier "

Station :
Date :
Phone No :
(Res.) No. :

Affix Rev.
Stamp
for above
Rs. 8000/-

Signature of the Examiner / Evaluator

(CLAIMS WITHOUT SIGNATURE WILL NOT BE ENTERTAINED)

Certified that the above Examiner has attended the Central Valuation / is conducting / has conducted the University Practical / Oral Examination on the dates specified and the TA/HA Bill may be admitted for payment.

Office / Dept. Seal

Counter signature of the Chairman of the
concerned Speciality Board

(for UNIVERSITY OFFICE USE ONLY)

Passed for payment of Rs.

(Rupees.

FORM NO. II
THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI - 32.

Claim Bill for payment of Remuneration to EXAMINERS / EVALUATORS

Name of the Examination Centre /
Central Valuation

} :

1. Name of the Examiner / Evaluators
and Designation and the College in which
working (in Block Letters)

} :

2. Name of the Examination

a) UG/PG

:

b) Course

:

c) Year

:

d) Subject

:

3. Date(s) of Examination / Central Valuation :

From

To

4. WRITTEN EXAMINATION

:

a) No. of Answer paper valued X Amount :

X

= Rs.

Total

= Rs.

(Rupees -----)

BANK DETAILS

Name of the Examiner	
Bank Name	
Bank Branch Address	
A/C Type	
A/C No.	
IFS Code	
Examiner Mobile No.	
PAN Card No.	
E.Mail ID	

6. CERTIFICATES:

" I certify that the claim has not been preferred earlier "

Station :

Date :

Phone No :

(Res.) No. :

Signature of the Examiner / Evaluator

(for UNIVERSITY OFFICE USE ONLY)

Passed for payment of Rs.

(Rupees.

ASSISTANT REGISTRAR (FINANCE)