

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

TRAVELLING ALLOWANCE BILL

(Local Non-Official Members of the Council its Committees and Sub-Committee)

1. NAME :
2. ADDRESS :
.....
3. PURPOSE OF THE JOURNEY:
4. LOCAL DAILY ALLOWANCE:

From	To	No. of days	Rate	Amount
			TOTAL	Rs.

Signature
(Non-Official Members)

1. Certified that I under took the journey specially for the purpose of attending the meeting of the council of its Committee/Sub-Committee held on
2. Certified that I have not claomed nor do I intend to claim from any other source and DA for the Journeys for which the claim is preferred herein

Signature
(Non-Official Members)

FOR OFFICE USE ONLY

Passed for payment for Rs.....(Rupees.....
.....only)

Counter Signed
(Member-Secretary)

Sr. Accountant

FA&CAO

RECEIPT

Received from the Office of the Indian Council of Social Science Research, New Delhi, sum of Rs.(Rupees.....only) in payment of my TA/DA bill for the journeys mentioned above.

Signature
(Non-Official Members)