

**TRAVELLING ALLOWANCE PARTICULARS OF THE MEMBER OF THE  
BOARD OF EXAMINING AUTHORITY, EXAMINERS / VALUERS**

**Name Of The Member/Examiner  
Designation & Address**

**To,  
The Chairman,  
Board of Examining Authority,  
Govt. College of Pharmacy,  
# 2, 3<sup>rd</sup> Floor, Subbaiah Circle,  
Bangalore – 560 027.**

**Sir,**

**Sub: The meeting of the Board of Examining Authority hold on appointment  
Of Examiners appointment for D.Pharm Exam duty as below**

**Ref: 1) Our letter No. DCD/ /BEA/PS/20 - dated \_\_\_\_\_**

**2) G.O. No. HFW/144/PTD/2006 dated 01.08.2006**

\* \* \* \* \*

With reference to the above, I have herewith furnished the Travelling allowance particulars of the Journey performed from \_\_\_\_\_ to \_\_\_\_\_ and back

Head Quarters	Journey (both To & From)		Head Mileage	Halt
	Date – From (Time of Departure)	To (Date & Time of Departure)	Mode of claim form Journey To. Kms. Fare	Total period Support with attendance Certificate

**Rupees \_\_\_\_\_ only**

**Total Amount claim**

1. Certified that I have traveled by \_\_\_\_\_ & claimed accordingly.
2. Certified that I was not provide with from Boarding / Lodging during my halt.

**Note:** The shortest route has to be proffered for the To and From journey in case of journey by rail in 1<sup>st</sup> class, the tickets numbers shall be furnished.

Received Rs. \_\_\_\_\_ (in words) \_\_\_\_\_  
from Chairman.

**Board of Examining Authority, Bangalore being the travelling allowance as per the details furnished above.**

**Place:**

**Date:**

**Signature with Stamp.**

**Encl: 1. Copy of Appointment order.**

**2. Attendance certificate issued by chief Custodian / Chief Superintendent / Member Secretary.**