

TA / LCA / DA CLAIM BILL (FORMAT)

CENTER: COLLEGE NAME & PLACE

TA / LCA / DA REMUNERATION TO EXAMINERS FOR ANNUAL / SUPPLEMENTARY EXAMINATION

Sl. No.	Name, Designation & College	Nature of Work Done	Total Amount	TA / LCA	D.A.	Auto Charges	DD Charges	Coll. Code	Journey Dates & Time	Journey (To & From)	Centre Code
1		Chief Superintendent	0.00	0.00	0.00	0.00	0.00	-	-	-	-
2		Deputy Chief Superintendent	0.00	0.00	0.00	0.00	0.00	-	-	-	-
3		Observer	0.00	0.00	0.00	0.00	0.00	-	-	-	-
4		Invigilator	0.00	0.00	0.00	0.00	0.00	-	-	-	-
5		Internal Examiner	0.00	0.00	0.00	0.00	0.00	-	-	-	-
6		External Examiner	0.00	0.00	0.00	0.00	0.00	-	-	-	-
	TOTAL (Rupees _____ only)		0.00	0.00	0.00	0.00	0.00				

Note:

- 1) Examiners should furnish details regarding their Name, Designation & College details.
- 2) TA/DA/LCA Claim forms should be filled in correctly with date & time of journey.
- 3) Claim forms should be accompanied by Appointment order & Attendance certificate.
- 4) If TA/DA is claimed LCA will not be paid separately.
- 5) If LCA is claimed TA/DA will not be paid separately.
- 6) Claim forms without Signature will not be entertained.
- 7) DA is Rs. 200/- per day & LCA is Rs. 75/- per day.

Seal & Signature of the Chief Superintendent
(Name & Designation of the Chief
Superintendent)