

TA/DA/LCA PARTICULARS OF THE EXAMINERS

To,

The Chairman,
Board of Examining Authority, Govt. College of Pharmacy, # 2, 3rd Floor,
Subbaiah Circle, Bangalore – 560 027.

Sir,

Sub: TA/DA/LCA Claims of Examiners involved in D.Pharm Exam work.

Ref: 1) Our letter No. DCD/ /BEA/PS/20 - dated _____

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

Name of the Examiner	
Designation	
College Address	
Contact No.	

* * * * *

With reference to the above, I am furnishing herewith 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 from Journey To. Kms. Fare	Total period with attendance Certificate

Rupees _____ only
Total Amount claim

1. Certified that I have travelled by _____ & claimed accordingly.
2. Certified that I was not provided with Boarding / Lodging during my halt.

Note: The shortest route has to be preferred for the To and From journey.

Place:

Date:

Signature.

Encl: 1. Copy of Appointment order.

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