

ANNEXURE - 4
TA / LCA / DA CLAIM BILL

CENTER: COLLEGE NAME & PLACE

CONSOLIDATED STATEMENT OF TA / LCA / DA REMUNERATION OF EXAMINERS FOR D.PHARM PART I & PART II
JANUARY - 2013 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		Deputy Chief Superintendent						-	-	-	-
3		Observer						-	-	-	-
4		Invigilator						-	-	-	-
5		Collection of Q.P.						-	-	-	-
6		Internal Examiner						-	-	-	-
7		External Examiner						-	-	-	-
	TOTAL (Rupees _____ only)										

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

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 for both onward & return journey.
- 3) Claim forms should be accompanied by Attendance certificate.
- 4) Individual Claim forms to be submitted & Claim forms without Signature will not be entertained.