



Parshvanath Charitable Trust's

# A. P. SHAH INSTITUTE OF TECHNOLOGY

Survey No. 12,13, Opp. Hypercity Mall, Kasarvadavali, Ghodbunder Road, Thane (W)-400 615.  
ON BEHALF OF UNIVERSITY OF MUMBAI

## T.A. / D.A. CLAIM BY EXAMINERS

Name of Examiner : \_\_\_\_\_  
(In Capitals)

College Name : \_\_\_\_\_

Address for Communication : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_

## DETAILS OF T.A. / D.A. CLAIM

(For Examination of FE, SE, TE & BE Conducted by the College on behalf of University of Mumbai)

Examination : Class FE / SE / TE / BE

Semester : I / II / III / IV / V / VI / VII / VIII

Scheme : CBSGS

Branch : \_\_\_\_\_

Month & Year : \_\_\_\_\_

Subject : \_\_\_\_\_

Date

### Purpose of Travel :

1. for CAP / Examiner / Moderator Rs. \_\_\_\_\_

2. for Oral & Practicals / Project oral Rs. \_\_\_\_\_

3. TW / IA / OR / PR / OR - PR / Project oral Rs. \_\_\_\_\_

Note :

- 1) Permissible deductions will be made in case boarding and lodging is provided by the college.
- 2) Rates of T.A. & had halting allowance payable will be strictly in accordance with rates prescribed by University of Mumbai.

Total Rs. \_\_\_\_\_

P.T.O.

**Certificate :**

1. I certify that i have actually traveled by the mode & class of travel claimed in this bills.
2. I undertake to travel on my return journey by the same mode & class of travel for which the fare is claimed by me.
3. I certify that the road distance for which mileage allowance is claimed is correct to the best of my knowledge.
4. I certify that i have taken into account the facility of boarding & / or lodging by the college while claiming halting allowance.

Name & Signature of Examiner

Received the amount claimed above.

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For Office Use :

Certified that details of dates, times & Assignment of work mentioned by the claimant have been verified & found to be correct. The claim is recommended for payment.

Signature of Exam Clerk

Name & Signature of Exam Cell Incharge / Senior Examiner / Internal

The claim is passed for Rs. \_\_\_\_\_

**Signature of Principal**

The above amount has been

- 1) The above amount has been paid by cash Rs. \_\_\_\_\_ on Dated \_\_\_\_\_
- 2) Will be transferred to staff salary account.

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Accountant