

ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

Nelson Mandela Marg, Vasant Kunj, New Delhi -110 067

TADA BILL OF NON-OFFICIAL MEMBER INVITED TO ATTEND THE MEETING

Part-I (To be filled by non-official Committee Member)

1. Name & Designation \_\_\_\_\_

with Full Postal Office Address \_\_\_\_\_

Address for Sending Payment \_\_\_\_\_

2. Type of Organization : Govt. / Private / Govt. Aided

3. Pay Scale and Present Basic Pay :

4. Whether Retired or Still in Service : Retired / Still in Service

5. Permanent Account Number :

6. Purpose of Visit / Meeting :

7. Date(s) of Meeting :

8. Details of Journey (including from and to Residence / Office and Airport / Railway station etc.)

Date	Departure		Arrival		Mode of Journey	Distance in Kms.	Fare Paid (Air / Rail / Taxi)	Air / Rail Ticket No.
	From	Time	At	Time				

9. Whether Staying in Rented Accommodation (Hotel/Guest House) with Payment of Some Charges or Making Own Arrangement without Paying any Charges (Strike out whichever is not applicable) If staying in Rented Accommodation (Hotel/guest House) with Payment of some charges, Please Specify) \_\_\_\_\_

Boarding & Loding Charges per day : \_\_\_\_\_

Duration of Stay in days: \_\_\_\_\_

Total Amount (Rs.) : \_\_\_\_\_

10. Name of College/Institutes Visited and the date of visits:-

(Please attach separate list if the visit are more than one)

11 Certified that:

- i) Particulars provided herewith are correct and that I have not claimed TA/DA etc. for this Journey from any other source.
- ii) I was not provided free Lodging and / or Boarding at the cost of Govt. / University or any Govt. Aided Body.
- iii) Certified that I am entitled to travel by Executive Class Air Travel in my Organization (strike out, if not applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

PART-II (to be filled by Convenor / Organizer of the meeting)

1. The Non-official member was invited under the authority of controlling officer and his attendance as above is confirmed.

1. Signature
2. Name of convenor
3. Designation

Part-III (to be completed by Finance Bureau)

1. DA _____ day @	Rs. _____
2. TA	Rs. _____
3. Honorarium	Rs. _____
4. Grand Total	Rs. _____
5. TDS @ 10% (-)	Rs. _____
6. Net amount to be paid	Rs. _____

Passed for payment for Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_)

\_\_\_\_\_  
ACCUONTANT

\_\_\_\_\_  
AO (FIN.)

\_\_\_\_\_  
DRAWING & DISBURSING OFFICER

PAYEE'S RECEIPT

Received Rs. \_\_\_\_\_ (Rupees)

\_\_\_\_\_  
Signature of Claimant  
(with revenue stamp)

# All India Council for Technical Education

Nelson Mandela Marg, Vasant Kunj, New Delhi-110070

## Mandate Form (for Students/individuals)

1	Name of the Beneficiary	
2	Student-ID, if any	
3	Name of the Institute/College/University	
4	Aadhaar Card No. (if allotted)	
5	PAN No.	
6	Address for Communication	
7	Mobile/Telephone no of the Student	
8	E-mail ID of the Student	
9	Name of the Bank	
10	Branch Name & Branch Code	
11	Address of the Bank with Pin Code	
12	Telephone No. of the Bank	
13	Account Type (Tick One)	Savings/Current
14	Account Number	
15	Bank Branch IFSC Code	
16	Bank Branch MICR Code	
17	Whether the Account is in the Name of Beneficiary (Tick One)	Yes/No
18	Whether the Account is Operational (Tick One)	Yes/No
19	Whether the Account is No Frill Account (Tick One)	Yes/No
20	Whether the Account is Joint Account (if yes give details)	Yes/No

It is declared that all information provided above are true and complete in all respects.

Signature of the Account Holder with Designation  
Or Authorised Signatory  
With Institution Seal

Certified that the above details are verified  
on (date) .....

(Banker's Signature with Seal)

Date: \_\_\_\_\_