



सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सुरत
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT
सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्था, सुरत

SV/NT

FORM-A2

CLAIM FOR TA/ DA & OTHER EXPENSES RELATED TO NATIONAL / INTERNATIONAL
CONFERENCES / WORKSHOPS / SYMPOSIA / SPECIAL TRAINING IN INDIA & ABROAD

(Block Period: _____, Year: _____)

(Upto a maximum of 70% of the CPDA, i.e. Rs 2,10,000 for a Block Period)

Name of the employee : _____

Employee Code : _____

Designation : _____

Pay Matrix/Level : _____

Department : _____

Basic : Rs _____

1. TRAVELLING DETAILS (AIR/TRAIN/ROAD at India & Abroad) – Airfare is admissible only
by Air India (Economic Class)

Particulars of Journey						Mode of journey (Air / Train Bus /Taxi etc.)	Distance (in km)	Fare (in Rs)	Ticket No. / Bill No.	
Departure			Arrival							
Station	Date	Time	Station	Date	Time					
Total (A)								Rs		

2. LOCAL TRAVEL DETAILS

Particulars of Local Travel			Mode of journey (Taxi/Auto/ Bus etc.)	Distance (in Km)	Ticket Nos. / Bill No.	Fare (in Rs)
Date	From	To				
Total (B)						Rs

3. OTHER EXPENSES DETAILS

Other Charges	Period		Bill No.	No. of Days	Rate per Day Including GST	Amount (in Rs)	Remarks
	From	To					
Accommodation Charges							
Daily Allowance / Per Diem							
Registration fees							
Visa Fees (as per actuals)							
Travel Insurance Charges							
Any other expenses, if any							
Total (C)							
Grand Total (A+B+C)							

Free Boarding Provided (Yes / No): _____ Free Lodging Provided (Yes / No) : _____

UNDERTAKING BY THE CLAIMANT

I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

Date / /20

Signature of the claimant

Counter Signature of HoD

(For Office Use Only)

a) Application received on : / /20

b) From Prof./Dr./Mrs./Ms./Mr. : _____

c) **Particulars of Fund Availability**

c1	Total ceiling limit for the block period	:	Rs 2,10,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

d) **Amount Payable to the Claimant**

Sl. No.	Particulars	Amount admissible (in Rs)
d1	Airfare (economy class only)	Rs
d2	Train Fare / Taxi Fare / Bus Fare	Rs
d3	Locale transport	Rs
d4	Registration Fees (as per actuals)	Rs
d5	Daily Allowances (as per the entitlement of faculty)	Rs
d6	Accommodation (as per the entitlement of faculty)	Rs
d7	Visa Fees Charges (as per actuals)	Rs
d8	Travel Insurance charges (as per actuals)	Rs
d9	Any Other expenses	Rs
Total Amount Payable		Rs

Amount checked & verified and found correct Rs. _____
(Rupees _____) may be reimbursed.

Dealing Assistant

Superintendent (A/cs)

Asst./Deputy Registrar(A/cs)

(Recommended for reimbursement of TA/ DA & Other expenses claimed for CPDA)

Registrar

Dean (Faculty Welfare)

(Approved / Not Approved)

Dean (SW)

Director

NOTE: Account Section shall forward photocopy of this form to Establishment Section for keeping the record in Personal file of the employee