



# St. Joseph University

Virgin Town, Ikishe Model Village, Chumoukedima, Nagaland, India - 797115

Private University Established Under Nagaland Govt. Act No.6 of 2016

Recognized by University Grants Commission (UGC)



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## TA, DA, HONORARIUM AND REMUNERATION CLAIM FORM (RE01)

Name of the Claimant : \_\_\_\_\_

Designation : \_\_\_\_\_ Department : \_\_\_\_\_

Affiliation : \_\_\_\_\_

Phone No. : \_\_\_\_\_ E-Mail Id. : \_\_\_\_\_

Details of the Event: \_\_\_\_\_

### Purpose of Claim / Nature of Duty: (Tick the Appropriate Category)

☐ External Examiner ☐ Internal Examiner ☐ Paper Valuation ☐ DC Meeting ☐ Public Viva Voce

☐ Guest Lecturer ☐ Special Guest ☐ Hall Invigilator ☐ Question Paper Setting

☐ Others, Specify : \_\_\_\_\_

### Details of Claim

Sl.No.	Description	Amount in Rs.
1	Travelling Allowance : Date of Travel : Mode of Travel : Air / Train / Bus / Taxi	
2	DA No. of Days: _____ x Amount per Day in Rs. _____ Incidental Charges (If any) in Rs. _____	
3	Honorarium	
4	Remuneration Details :	
5	Any other Expenditure , Please Specify :	
Total Amount		

### Bank Details of the Claimant

Account No. \_\_\_\_\_ Bank Name : \_\_\_\_\_ IFSC Code \_\_\_\_\_

Bank Address \_\_\_\_\_

Date :

Signature of the Claimant

### OFFICE USE ONLY

Verified By

Paid from University / Self Supported

Approved By