St. Joseph University

Dimapur Nagaland, India

Form No. CE1

TA,DA AND HONORARIUM/REMUNERATION CLAIM FORM

Name of the Claimant: _____

Designation:_____ Department:_____

Affiliation: _____

Phone No:_____E-Mail ID: _____

Purpose of Claim/Nature of Duty: (Tick the appropriate category)

1. External Examiner 2. Hall Invigilator 3. Paper Valuation 4. DC Meeting
5. Public Viva Voce 6. Guest Lecturer 7. Chief Guest 8. Question Paper Setting

Others, Specify. _____

Claim Details:

Sl.No.	Description	Amount in Rs.
1	*Travelling Allowance:* Date of Travel: Train/Air/Taxi Fare	
2	DA/ Incidental Charges No. of days: x Amount per Day Rs._____	
3	Honorarium	
4	Remuneration: Details	
5	Any Others, Please Specify	
Total Amount		

Bank Details of Claimant

Account No_____Bank Name_____IFSC Code_____

Bank Address _____

Amount in Words_____

Verified By Signature of Claimant