



# अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली-110076

Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

## T.A./D.A. FORM

NAME : \_\_\_\_\_ PAN NO: \_\_\_\_\_  
 DESIGNATION : \_\_\_\_\_ PAY LEVEL: \_\_\_\_\_  
 OFFICE ADDRESS : \_\_\_\_\_  
 RESI. ADDRESS : \_\_\_\_\_

1.	Official / Non Official	
2.	Date and Time of Departure from Headquarter	
3.	Date and Time of Arrival in Delhi	
4.	Date and Time of Departure from Delhi	
5.	Date and Time of expected arrival at Headquarter	
6.	Air/First OR IInd Class Railway fare To & From	
7.	Ticket No.	
8.	Road Journey (Total Km)	
9.	Sitting charges/Honorarium fee/ Daily Allowance (Per Day)	
10.	Hotel charge	
11.	Purpose of Visit/Tour	
12.	Total Claim for	

### CERTIFICATES:

1. I certify that no traveling allowance from public, semi-public authority for a part or whole of the journey in respect of the above bill has been claimed by me.
2. I certify that I have been provided, accommodation by AIIA at New Delhi for which I have/have not made payment.
3. I certify that I have/have not taken lunch, coffee etc. at the accommodation provided to me and I have/have not paid the bills.
4. The distance by road for which road mileage allowance has been claimed is correct to the best of my knowledge and belief.
5. The journeys were performed in public interest and no Govt. transport was utilized for the road journeys for which mileage allowance has been claimed.
6. No return Tickets were available for the rail/air journeys at concessional rates.
7. I will not claim TA/DA from any other source.

COUNTERSIGNED  
(Convener/ Coordinator)

SIGNATURE OF CLAIMANT

## BENEFICIARY BANK DETAILS:

Name of the Bank: ----- Branch Name:-----

Account No.:----- IFSC Code NO.-----

Amount: -----

FOR OFFICE USE ONLY

1	Hon/Sitting Charge	
2	Air Fare/Train Fare/Bus Fare	
3	Road Mileage	
4	Higher/Hotel/Journey	
	TOTAL AMOUNT	

“ PAY – ORDER “

Passed for payment of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ only)

To  
\_\_\_\_\_

Asstt. Consultant (Accounts)

DDO

Director(AIIA)

Payment received

Signature of the claimant

ALL INDIA INSTITUTE OF AYURVEDA, NEW DELHI  
PUBLIC FINANCE MANAGEMENT SYSTEM (PFMS) *Personal*

1.	Name with Designation	
2.	Father/Husband Name	
3.	Status (Regular/Contractual)	
4.	Date of Birth (DD/MM/YYYY)	
5.	Aadhar Number	
6.	PAN Card	
7.	Address:	
8.	City	
9.	Country	
10.	State	
11.	District	
12.	Pin Code	
13.	Mobile No.	
14.	Email ID	
15.	Bank Name	
16.	Account No.	
17.	IFSC Code	
18.	Attached Document: 1. Bank Passbook/Cheque Copy, 2. Pan Card Copy	

(Signature of applicant)