



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
MAIDAN GARHI, NEW DELHI – 110068**



IGNOU REGIONAL CENTRE JAIPUR

TA/DA FORM

Name :.....
 Designation :.....
 Address :.....

1. Date & time of departure Hqrs:.....
2. Date & time of arrival at Jaipur
3. Date & time of departure from Jaipur.....
4. Date & time of arrival at HQ.:.....
5. Air/Rly fare to end fro :.....
6. Ticket No. :.....
7. Road journey Total Kms. :.....
8. Sitting Fee charges :.....
9. Daily allowance per day :.....
10. Purpose of Visit/Tour :.....

CERTIFICATE

I certify that no traveling allowance from any public semi-public authority for a part or whole of the journey in respect of the above bill has been claimed by me.

1. I certify that I have been provided accommodation by IGNOU at.....Jaipur for which I have been not made payment.
2. I certify that I have/have not taken lunch tea coffee etc. at the accommodation provided to me and I have/have not paid the bills.

PAN NO.

Signature of Claimant

Countersigned by Coordinator/PIC

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 Passed for payment of Rs.....

Asst/Sr. Asst

Section Officer/Asst. Registrar

Regional Director