

TA CLAIM FORMAT



POWERGRID Regn. No.:		Applicant Name in full :	Category :
Roll Num:			
Mailing Address			

Bank Name		IFSC Code	
Branch			
MICR Code		Account No.	

Name of nearest Railway Station to Mailing Address	
a. Name of Railway Station from which actual journey commenced	
b. If journey was performed by bus, name of place from which actual journey commenced	

Journey Details

Item	Onward/ Inward Journey	Proposed Return/ Outward Journey
Mode		
Class of Travel		
Date & Time of Start of journey		
Train Name & No		
Railway Ticket No./Bus Ticket No. (enclose bus Ticket)		
Rail/Bus fare		
Total fare claimed for Inward & outward journey		

CERTIFICATE

1. I certify that the concessional return ticket(s) was/were not available to the test center on the date of commencement of journey.
2. Certified that I have actually traveled and for the return journey shall travel by the class for which claim has been preferred.
3. Certified that the railway fare claimed is by the shortest route from the railway station nearest to residence or from where I actually performed the journey to the test center and back to the same station.
4. Certified that I am not a Railway employee and have not availed of any free or concessional pass issued by the Railways or any other authority.
5. Certified that I am not on official duty from my present organization.
6. Bus ticket is enclosed (in case of travel by bus).
7. Certified that I have not availed of any LTC or student concessions or any other travel concession while performing the journey.
8. Certified that I have availed of LTC/Student Concession/other travel concession and accordingly I have reduced the fare claimed.

Name & Address:	(Candidate's Signature) Date: _____
1.Claim checked, verified and countersigned. 2. The original caste certificate issued by the competent authority has been seen and verified; attested copy of the same has been attached to the claim form (if applicable in written/ screening test). 3. For CBT Test TA is applicable to SC/ST/PwD only.	POWERGRID Test/ Interview Coordinator (Signature)

FOR OFFICE USE : DO NOT WRITE BELOW THIS

Passed for Payment of Rs.(Rupees.....)(Only)	Received Rs..... (Rupees.....)(Only)
1 4 0 2 0 2	7 3 0 1 1 1 (Revenue Stamp)
A/c Code	Signature of the
Amt. Rs. Ps.	Candidate:.....
Accts. Astd./Acctt	Date:.....
F & A Executive	