

<u>Applicable for candidates other</u> <u>than SC/ST/PwBD/ES Categories.</u>

## TRAVEL EXPENSES REIMBURSEMENT FORM

5. Name (as spelt in the Bank Account):

Candidate ID:
 Roll No.:

3. Date of Examination:4. Place of Examination:

8. Transport Date of Journey		From	То	Mode of Travel	Class of Journey	Amount Claimed (Rs.)	Travel Proof Enclosed (Please Tick)	
					-			
			Total Amazon					
			Total Amoun	ι				
9.	<u>Ban</u>	k details to be	provided by t	he Candidat	<u>es</u>			
	S. No	Details Required		(Cand	(Candidate to Provide the details in BLOCK LETTERS)			
	1	Beneficiary	Name					
	2	Bank Accou	ınt No.					
	3	Bank's Nam	Bank's Name					
	4	Branch Nan	ne					
	5	Branch Con	Branch Complete Address					
	6	Account Ty	Account Type					
	7	IFSC Code						
	8	PAN No.						
10.	pho:	tocopy of the c	ancelled chequention in BLO	ue leaf. CK LETTERS	the address be		ubt, please attach nt your cheque to be	
	 owing	g documents ha	ve been attache	ed - 1. Admit (	Card duly signed	l 2. Cancelled Chequ	ue 3. To and fro tickets	
e foll		··			Signature:			
<u>ie foll</u>	Date	- •	is subject to	producing al	l required doc	uments.		
	Date S.: Re	eimbursement			Gas Has Only			
		eimbursement		For Of	fice Use Only			
P. S	5.: Re	eimbursement med: Rs		For Of		unt Allowed: Rs		
P. S	Clai			For Of	Amo	unt Allowed: Rs		