

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH**

**INDIAN INSTITUTE OF VEGETABLE RESEARCH**

**Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305**

(G.A.R.-14-B)

Sub Bill No.....

**TRAVELLING ALLOWANCE BILL FOR TRANSFER**

(NOTE: This bill should be prepared in duplicate - one for payment and the other as office copy).

**PART – A – (To be filled in by the Government servant)**

1. Name of Govt. Servant .....
2. Designation .....
3. Pay at the time of transfer      Basic Rs.....      G. P./ R.G.P. Rs.....
4. Headquarter      Old:.....      New:.....
5. Residential address      Old:.....      New:.....  
.....  
.....  
.....  
.....

6. Particulars of the member of the family as on the date of transfer [vide S.R. 2(8)]:

Sl. No.	Name	Age	Relationship with the Govt. servant
1			
2			
3			
4			
5			
6			
7			

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7. Details of journey(s) performed by the Govt.servant as well as members of his/ her family:

Departure		Arrival		Mode of travel and class of accommodation used	No.of fares	Fare paid (Rs.)	Distance in Kms. By road
Date & Time	From	Date & Time	To				
1	2	3	4	5	6	7	8

8. Transportation charges of personal effects (Bills and Money receipts to be attached):

Date	Mode	Station		Weight in Kgs.	Rate Rs.	Amount Rs.	Remarks
		From	To				

9. Transportation charges of personal conveyance (Bills and Money-receipts to be attached):

(a) Mode of transport and station to which transported:

(b) Amount Rs.....

10. Amount of advance, if any, drawn: Rs. ....

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11. Particulars of journey(s) for which higher class of accommodation than the one to which the Govt. Servant is entitled was used.

Date	Name of places		Mode of conveyance Used	Class to which entitled	Class by which travelled	Fare of the entitled class
	From	To				

Note: If the journey by higher class of accommodation has been performed with the approval of the competent authority, no. & date of the sanction may be quoted.

12. Details of journey(s) performed by road between places connected by rail:

Date	Name of places		Fare paid Rs.	Remarks
	From	To		

Certified that the information given above is true and correct to the best of my knowledge and belief.

Dated:

(Signature of the Government Servant)

Place:

Name and Designation

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**PART – B – (To be filled in by the Bill Section)**

1. The net entitlement on account of TA works out to Rs \_\_\_\_\_ as detailed below:

Sl. No.	Particulars	Amount (in Rs.)
a.	Railways / Air / Bus / Steamer fare	
b.	Road mileage for _____ Kms. @ _____ per/Km.	
c.	Composite Transfer Grant	
d.	Transportation of personal effects	
e.	Transportation of private conveyance	
f.	Gross Amount (a + b + c + d + e)	
g.	Less amount of advance(s), if any, drawn vide Voucher(s) No..... Dated .....	
h.	Net Amount (f – g)	

2. The expenditure is debitable to .....

Initials of the Bill Clerk

Signature of Drawing and  
Disbursing Officer

Countersigned

Signature of Controlling Officer