

PUNJAB NURSES REGISTRATION COUNCIL – TA/DA FORM

SN	Particulars	To be filled by Exam Supdt. / Coordinator	For Office use only
1	Name		Voucher No.
2	Address of College		Date
3	Mobile Number		
4	E-Mail		
5	Centre No. & Name		
6	Exam Supdt duty period	From _____ to _____	
7	Mode of Journey & Car No.		
8	Bank Account Number		
9	Bank Name & Branch		
10	IFSC		

Details of TA/DA

Departure			Arrival			Distance for Road Mileage		Amount
Station	Date	Time	Station	Date	Time	K.M.	Rate	Rs.
	DA (.....days)							
	Exam Supdt charges (Rs. 300/- per day)							
	Total (Rs.)							

Declaration by Exam Supdt : Certified That - - - -

- (i) Particulars provided herewith are correct & that I have not claimed T.A./D.A. etc for this Journey from any other public source.
- (ii) I was not provided free lodging and/or Boarding at the cost of Govt./ University or any autonomous body.

Signature of Exam Supdt

For use in Accounts Branch

Passed for Rs. _____ (Rupees _____)

Dealing (Accounts)

Supdt.

Registrar