

(An Autonomous Institute, Accredited with Grade 'A' by NAAC)

Gate No.5, MIT Campus, Beed Bypass, Satara Village Road, Chh.Sambhajanagar, (MH), PIN:431010.
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Examination Cell

Ref.No.MITA/EXAMCELL/20 /

Date:

Bank Name		Mobile No :
IFSC No.		Voucher No:
Back A/C No		Payment Register Page No.

- I) Claim for payment of travelling and halting allowance will be entertained after a lapse of six months from the date on which the tour is over
II) No claims for payments of travelling and dearness allowance after a period of six months to one year from the date on which the tour complete will be entertained with the approval of Director, Maharashtra Institute of Technology, chh.Sambhajanagar only.

T. A. & D. A. BILL

Doc No:
Voucher No.

IAS No:
Cheque No.

Date: / /

Payment Register Page No.

Note: All entries in this bill must be filled in the before claiming payment The Paper- Setter / Examiner / On Screen Evaluation / Moderator/Revaluation/Other concerned must get this bill Countersigned by the chairman/ Dy. Registrar E & E

Maharashtra Institute of Technology, (Autonomous), Chh. Sambhajanagar.

To, _____
(Name beginning with Surname in Block letters)

Paper-setter/ Evaluator/ Moderator/Other in _____ at _____
(Course Name) (Name of the Examination)

Travelling allowance are due to me for Paper-Setting/ On Screen Evaluation /Revaluation / Moderation/Other.							Rs.	Ps.
From [Place]	Date	Time of Departure	To [Place]	Date	Timing of arrival	Type of Travel		
[D.A will be calculate on hour basis as per Note (iii) given under 0 112 (2)]							Total	

Address -----

Date:.../.../.....

Certified that the paper-setter / Examiner/ Moderator / On- Screen Evaluator preferring this Claim was present at the meeting/ supervision as stated above.

Payment received

One Rupee
Revenue Stamp
Over Rs.5000/-

Chairman

I hereby declare that no travelling allowance from any public or semipublic authority for a part or the whole of the journey in respect of the above bill has been claimed by me

I have travelled Via _____

I further declare that I have travelled by first/ second class /S.T. Bus / Own Hired Car /Motor Cycle and Registered No. thereof is _____ and I will perform the return journey in the same manner or by _____

Claimant's Signature _____

PASSED FOR Rs. _____ Ps. _____

Rupees (In Word): _____

Claimant's Signature

Clerk

Associate Dean (E & E)

Dean (E & E)

For office use

Registrar

Accounts

Director