

APPLICATION FOR T.A. (TRAVELLING ALLOWANCE) ON SUPERANNUATION

1.	Name of the Employee			
2.	Designation			
3.	Employee Code			
4.	Pay + Grade Pay = Basic Pay			
5.	Date of Superannuation			
6.	Office/Location in which working			
7.	Permanent Address			
8.	Details of family members along with their Date Of Birth (D.O.B), Age and Relationship			
	Admissible Dependent	D.O.B	Age	Relationship
	(a)			
	(b)			
	(c)			
	(d)			
9.	Date on which journey is proposed to be performed			
10.	Invoice / Quotation No.			
11.	Amount (as per attached Invoice / Quotation)			

I declare that the particulars furnished above are correct and true to the best of my knowledge.

Place:

Date:

Signature of the Employee/ Dependent

FOR OFFICE (HR) USE ONLY:

❖	<u>Comments:</u>

DGM (HR)

Checked and Verified _____

FOR OFFICE (F&A) USE ONLY: