

TA CLAIM FORM
(For candidates attending interview)

1.	NAME OF	CANDIDATE:						
		ADDRESS: ication form)						
3.	APPLICAT	TION NUMBER:						
4.	POST APP	LIED FOR:						
5.	DATE OF 1	INTERVIEW:						
				Travel Details				
	From	То	Mode	Ticket/PNR No.	Fare (in Rs)	Total Amount		
			Bank	Details of the Cand	<u>lidate</u>			
1.	Beneficia	ry Name						
2.	Account Number							
3.	Name of Bank							
4.	Branch Name and Address							
5.	. Account Type							
6.	i. IFSC Code							
/wro wror	ng informat ng payment.	tion furnished in the				wledge and any false I not be liable for any		
Pla	ce:				_			
Da	te:				_	Signature of Candidate		

Proof of journey		ring above bank de t least one way mu	tails. st be attached with i	this
Payment of cla	nim will be made o to be filled in cap	ne (NEFT) mode aft	er verification of bil	'ls & ticke