

KERALA STATE COUNCIL FOR CLINICAL ESTABLISHMENTS

THYCAUD, THIRUVANANTHAPURAM -14, PHONE: 0471-2966523, E MAIL: kscce2018@gmail.com

Website:www.clinicalestablishments.kerala.gov.in

ASSESSORS HONORARIUM & TA FORM

District Registering Authority				
Name and address of institution assessed				
Date of Assessment				
Name		Designation		
		Pen No		
Official Address with District			Basic Pay	
			Sex	M F
Bank A/C No:		Bank & Branch Name		
IFSC Code		Mob No:		

Details of Journey performed

a

Departure		Arrival		Mode & Class of Journey	Distance (Km)	Fare Paid (Rs.)	DA	Amount Admitted (Rs.) (for Office use only)
Place	Date Time	Place	Date Time					
Actual TA Claimed (Onward and return)								
Grand Total TA/DA admitted								

SL No	Abstract of Claims	Rs	Ps
1	Bus/Train Fare		
2	Incidental Expenses		
3	Road Mileage		
4	Daily Allowance		
5	Actual expenses (bill should be attached)		
6	Honorarium (KCE Rules)		
	Total Amount		
	Less advance received		
	Net Amount Payable		

Certified that I have performed onward journey as per details given above and that I intend to return using the same mode of conveyance. Excess amount (if any) claimed by me will be refunded on scrutiny.

Signature of Participant

Amount of TA/DA Recommended by the DMO:

Bill certified and countersigned by the DMO:

Passed for Payment

Rs

Rupees

Remarks of the Finance Officer, KSCCE:

Approved and Signed by Secretary, KSCCE: