TRAVEL ALLOWANCE FORM

DELHI DEVELOPMENT AUHTORITY

REIMBURSEMENT FOR TRAVEL EXPENSES FOR CANDIDATES (For Scheduled Caste / Scheduled Tribe candidates)

Name & Mailing Address of the Candidate : (please write in CAPITAL LETTERS)			Roll No.					
			Application Ref. No.:					
			Date & Day of Exam :					
			Post applied for :					
			Venue :					
			Venue Address:					
			Category (SC / ST) :					
IOUDNEY DETAILS								
Journey (Inward & Outward)		Date (s)	Mode of travel		Class of Travel	Ticket / Receipt No.		Travel Fare (Rs.)
From :					114701	1	, oo, pt 1101	(110.)
To:			Rail / Bus					
From:			Rail / Bu	JS				
To :						Total Rupees		
BANK DETAILS :							•	
Name of Bank			Name of A/c holder					
Bank Account No.			Branch Code					
Bank's IFSC Code (12 digit) :								
a) Attach Original/Pho b) Attach copy of Cas c) Copy of Admit Card Please make the payr	te Certificate da.(Self Atteste	(as applicable ed)	e). (Self Att	est	ed)	of jou	irney. (Self	Attested)
Through Cash Received cash for a								
		D in of may be sent to ailing address as mentioned above.						
I will not claim the Organization). I here information will render	e amount fro by affirm that	om the Gov the informa	vernment o	or r ied	my present by me in tl			
Place : Date:				Signature of Candidate				

Reimbursement of Travel Expenses will be made as per provisions contained in SR132.

Please handover this Form along with Original / Photocopy of Rail / Bus Tickets / Receipt and copy of Caste Certificate to the person authorized to collect in the same venue. Payment will be made by Cash/DD/NEFT.