

GOVERNMENT OF INDIA  
DEPARTMENT OF SPACE  
SATISH DHAWAN SPACE CENTRE, SHAR

CLAIM FOR TRAVELLING EXPENSES OF CANDIDATES ATTENDED THE SKILL TEST  
(To be filled by the Candidate)

1. Name of the candidate : \_\_\_\_\_  
(in BLOCK letters)
2. Post of Skill Test : \_\_\_\_\_
3. a. Date of Skill Test : \_\_\_\_\_
- b. Place of Skill Test : \_\_\_\_\_

4. Address as given in the application _____ _____ _____ _____ Nearest Railway Station : _____	Actual Address from which travelled _____ _____ _____ _____ Nearest Railway Station : _____
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5. Particulars of Journey performed :

Date of Journey	From	To	Bus/Train (Mode)	Fare paid	Train/Bus Ticket Nos.

6. Reason for travelling from the place  
Other than the address given in the application : \_\_\_\_\_
7. Whether concessional return ticket  
Was purchased? : \_\_\_\_\_
8. Amount of Fare Actually paid : \_\_\_\_\_
9. Whether Railway Receipt/Bus ticket  
Attached : \_\_\_\_\_

Certified that I have actually travelled as per the details furnished above. I certify that the above particulars given are correct. I also undertake to perform the return journey by the same class to destination noted in the item 5.

Date:

Signature of the candidate  
(PTO)

**FOR OFFICE USE**

Certified that Sri/Smt/Kum \_\_\_\_\_

Was attended written test/Skill Test for the post of \_\_\_\_\_

On \_\_\_\_\_ and his/her TA can be paid.

Admn. Officer  
Recruitment

**PAYMENT VOUCHER**

Pay to \_\_\_\_\_ pay cash Rupees \_\_\_\_\_

\_\_\_\_\_ being \_\_\_\_\_

BUDGET				AMOUNT	
D	S	B	Acc Code	Debit	Amount

Prepared by

Passed by

Checked by

Accounts Officer

Received the above noted payment in full settlement.

Date:

Signature of payee  
Name :

Account holder's Name :

Account No. :

Name of the Bank :

Branch Name :

IFSC Code :

Mobile No. of the candidate :