



Raj Kumar Geol Engineering College, Pilkhuwa
Faculty/ Staff Application form for Permission to apply for Professional Development Activities
 (To be applied minimum 10 days prior to the event)

Name: _____ Designation: _____ Department: _____

Date of Joining RKGEC:

D	D	M	M	Y	Y	Y	Y
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Please tick the applicable options:

1. Book:
 - a) Sole Author
 - b) Co – author: Name of Co – author _____
2. Paper published in Journal: International / National
3. Paper published in Conference: International / National
4. Paper published & presented in: International Conference / National Conference / Workshop / Seminar
5. Attending: Conference / Workshop / FDP / Summer Camp / Winter Camp
6. Participation in Competition Projects: With Students / Without Students
7. Others, Please Specify: _____

Additional Details (If Required)

Conference/ Seminar/ Workshop/ Competition Title: _____

Venue: _____ From: _____ to _____

Title of the accepted paper (attach proof of acceptance): _____

Registration Fee Amt., if any (attach proof) (Rs.): _____

Name of Co – author(s), if applicable include Department:

- a)
- b)

Have you ever been granted permission for any such activity during the current academic year (20__ - 20__)? – Yes/

No. If Yes – give details of last 3 attended: -

Total No. of Conference/ Seminar/ Workshop/ Projects –

(i) Name _____ Date _____ Venue _____ Claimed Amount _____

(ii) Name _____ Date _____ Venue _____ Claimed Amount _____

Approval requested for (Give Details):

1. OD Leave from.....to
2. Registration/ Publication Amount Rs.....
3. Transportation Amount Rs.....
4. Accommodation and others Amount Rs.....

Signature of Faculty with Date

(Actual expense report, if applicable, has to be submitted on Form E-4, within 15 days after the event)

Signature of HOD

Signature of Principal

Approval of Group Director R&D



Raj Kumar Geol Engineering College, Pilkhuwa
Travelling Allowance bill for Tour/Seminar/Meeting/Conferences etc.

Name of the Employee							
Designation							
Basic Pay/GP							
Details and purpose of journey (s) performed							
Departure		Arrival		Mode of Travel	Distance in Km	Receipt No./ Ticket No.	Total amount Paid (Rupees)
Date & Time	Station	Date & Time	Station				
A. Total Rs.							
B. Registration/ Publication/ Any other Charges (if Applicable) Rs.							
Particulars to be furnished along with hotel receipts ,food bills, etc							
Periods of stay		Name of the hotel	Daily rate of lodging charged in Rupees	Food Bill (supported with receipt)	Total amount Paid (Rupees)		
From	To						
C. Total Rs.							
Total Amount Claim (A+B+C) Rs.							
Amount of advance (if any) drawn Rs.							

Certified that the information, as given above, is true to the best of my knowledge and belief.

Date

Signature of Employee/Claimant

**VERIFIED & RECOMMENDED
FOR PAYMENT**

SANCTIONED

FOR ACCOUNTS DEPARTMENT

PART-B

Sanctioned expenses

Rs. _____

Less amount of advance(if any)

Rs. _____

Net Amount paid

Rs. _____

Account Officer

Signature of Employee/Claimant



Raj Kumar Geol Engineering College, Pilkhuwa
Application Form for Tour TA/DA Advance

- 1. Name of the Employee :
 - 2. Designation :
 - 3. Present Basic Pay / GP :
 - 4. Ref. of tour as approved by competent authority (Detail of journey supported by sanction order) :
 - 5. Name of proposed touring stations and purpose :
 - 6. Period of Tour :
 - 7. Estimated expenditure :
 - 1. Train / Air /Bus Fare or Own conveyance _____
 - 2. Accommodation _____
 - 3. Registration Fees _____
 - 4. Food / Local Travel _____
 - 5. Contingent Expenditure _____
- TOTAL** _____

- 1. Certify that the above information furnished by me is true to the best of my knowledge and belief.
- 2. I undertake to settle the advance within 15 days of completion of the tour.

Dated:
Place: Pilkhuwa

Signature of Employee/Claimant

VERIFIED & RECOMMENDED

SANCTIONED

FOR ACCOUNTS DEPARTMENT

Sanctioned expenses

Rs. _____

Net Advance paid

Rs. _____

Account Officer

Signature of Employee/Claimant



Raj Kumar Geol Engineering College, Pilkhuwa
TRAVELLING ALLOWANCE BILL FOR LOCAL JOURNEY

Form – E2

1.	Name of the Employee					
2.	Designation					
3.	Basic Pay / GP					
4.	Details and purpose of journey(s) performed					
Departure			Mode of Travel	Distance in Km	Purpose of Journey	Fare Paid
Date & Time	From	To				
Total Rs.						

I certified that the information, as given above, is true to the best of my knowledge and belief.

Date

**VERIFIED & RECOMMENDED
FOR PAYMENT**

SANCTIONED

SIGNATURE OF CLAIMANT

FOR ACCOUNTS DEPARTMENT

Sanctioned expenses

Rs. _____

Less amount of advance, if any

Rs. _____

Net Amount paid

Rs. _____

Account Officer

**Name, Designation and Signature
of Employee/Claimant**