

UM-DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES

University of Mumbai, Vidyanagari, Mumbai 400098

Phone: 91-22-26532132/26524983

www.cbs.ac.in

91-22-26524982

Voucher No. _____

Date: _____

Monthly TA Claim

For the month of _____

Name: _____	
Subject/Stream _____	
Course Code: _____	Course Title _____

Date		Date	
1	_____	9	_____
2	_____	10	_____
3	_____	11	_____
4	_____	12	_____
5	_____	13	_____
6	_____	14	_____
7	_____	15	_____
8	_____	16	_____
Total amount claimed (Rs) _____			

***TA is paid @ Rs 1000/- per visit to UM-DAE CEBS**

Bank details (if not already submitted to CEBS)

Name of Bank: _____ Bank Branch _____

Account No. _____ SC Code: _____

Signature of claimant _____

Signature of stream coordinator _____

Kindly hand over the completed form to Ms Vaishali Kedar in PF AG 03 **OR** send scanned copy of the form to vaishali@cbs.ac.in

RECEIVED sum of Rs _____ (in words) Rupees _____
by Bank Transfer/ Cheque

Signature & Date

For Office Use only

Paid on _____ by Bank Transfer/Cheque No. _____ dated _____

Signature