



ASSAM HEALTH INFRASTRUCTURE DEVELOPMENT & MANAGEMENT SOCIETY

Total Amount (*in words*): Rs. (Rupees _____ Only)

Advance (if any): Rs.

Balance: Rs

Certified that the amount of TA/DA claimed above is not reimbursed earlier either wholly or partly. The information provided above is true to the best of my knowledge and belief.

Place:

Date:

Signature of
Claimant

Checked By

Approved By

N.B.: This TA bill should be submitted along with Office Order, Tour Diary and Vouchers.