

COUNCIL OF ARCHITECTURE

Please Complete the Statement in Ink

STATEMENT

1. Name : _____
2. COA Registration Number (if any) : CA/ _____
3. Communication Address : _____

4.

| DETAILS OF TRAVEL (ONWARD JOURNEY) | | | | | | |
|------------------------------------|------|------|------|------|----|------------|
| Sl. No. | Date | Time | Mode | From | To | Fare (Rs.) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL FARE (Rs.) | | | | | | |

5.

| | | |
|--|---|-------|
| Name of meeting attended/ Code & name of institution visited | : | _____ |
| | | _____ |
| | | _____ |

6.

| | | |
|--|---|-------|
| Date of Meeting attended/ Code & Name of College visited | : | _____ |
|--|---|-------|

7.

| DETAILS OF TRAVEL (RETURN JOURNEY) | | | | | | |
|------------------------------------|------|------|------|------|----|------------|
| Sl. No. | Date | Time | Mode | From | To | Fare (Rs.) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL FARE (Rs.) | | | | | | |

Note: Please attach Original/Photocopy of Rail/Air Tickets. The reimbursement will be made subject to 2nd AC Rail Fare and Economy Class Air Fare.

8. Honorarium : Rs. _____ (Rupees _____ only)
9. Refreshment & Accommodation/ Other Exps. : Rs. _____ (Rupees _____ only)
(if Any, bills required)
10. Total amount claimed (Sl.no.4+7+8+9) : Rs. _____ (in Figure) _____
_____ (In Words)

11.

| DETAILS OF BANK ACCOUNT FOR TRANSFER OF AMOUNT THRU NEFT | | | | |
|--|--------------|-------------|-----------------|-----------|
| Name (as per Bank Account) | Name of Bank | Account No. | Address of Bank | IFSC Code |
| | | | | |

Date: _____ Signature _____
Designation _____

COUNCIL OF ARCHITECTURE

(Incorporated under the Architects Act, 1972)

Certified accompanying T.A. Bill of Shri/Smt. _____

for the month of _____.

CERTIFIED THAT:

1. I traveled in the class of accommodation for which the T.A. bill has been claimed in this Bill.
2. No Government Transport was provided for which road mileage has been claimed. I did not perform the road journeys for which mileage allowance has been claimed at the higher rates prescribed in Rule 46 of Supplementary Rules by taking a single seat in any single Public Conveyance (excluding steamer) charges fixed rates. I also certify that the journey was not performed for any other vehicle without payment of its hire charges or incur in its running expenses.
3. I did not avail of free board and lodging at the expenses of State Government or any organization financed from State funds during the days for which full daily allowance has been claimed in this Bill.
4. The journeys were not performed alongwith any other Government servant in a Car belonging to the Government Servant.
5. The mileage shown in the T.A. Bill is correct.
6. The road journey for which mileage has been claimed at the higher rate prescribed in Supplementary Rule 46 were performed in my own Car.
7. Sunday, Holidays were spent in the camp actually and not merely constructively and the same were in accordance with the approved tour programme.
8. Return tickets were not available.
9. Halts for which daily allowance has been claimed were necessitated by the performance of duty at the place of halt.

Certified that no amount has been or will be claimed in respect of these journeys from any other source.

Signature _____

Designation _____

Dated: _____

N.B. : Certificates which are in-applicable should be struck off.

COUNCIL OF ARCHITECTURE

India Habitat Centre, Core 6-A, 1st Floor, Lodhi Road, New Delhi-3
Tel: 011-79412100, Fax: 011-24647746, E-mail: coaindia@rediffmail.com

**STATEMENT FOR CLAIMING HONORARIUM IN CONNECTION
WITH INSPECTION OF INSTITUTION**

| | | |
|----|---|---|
| 1. | Name of the Expert with address Registration No. | CA/ / _____ |
| 2. | Name & address of the Institution inspected | (Inst.Code: _____) |
| 3. | Name of the Course (B.Arch./M.Arch.) | |
| 4. | Type of Inspection | Introduction of Course <input type="checkbox"/> Extension of Approval <input type="checkbox"/> Additional Intake <input type="checkbox"/> Surprise Inspection <input type="checkbox"/> Comprehensive Academic Review <input type="checkbox"/> (<i>Please tick relevant box</i>) |
| 5. | Date (s) & Time of Inspection | |
| 6. | Total Honorarium Claimed Rs.10,000/- (Per institution) | (Rupees in words _____) |

Date: _____

(Signature of the Claimant)

PRE-RECEIPT

Received the sum of Rs. _____ (Rupees _____) from

Council of Architecture, New Delhi on account of Honorarium in connection with the inspection of

[Name of Institution inspected with date (s)]

Date _____

Name: _____

Signature: _____

Address: _____
