

# STATE INSTITUTE OF TECHNICAL TEACHERS TRAINING & RESEARCH, KALAMASSERY

**Course Title:**

**Course Code:**

Head Quarters:	Name in Capital letters:	Basic Pay:
	Designation:	Allowance:
	Address:	Total:

Departure			Arrival										
Station	Date	Time	Station	Date	Time	Distance (KM)	Mode of Journey Rail/Road	Fare (Rs)	Incidental Expenses (Rs)	DA for halt(Rs)	Total Amount (Rs)	Purpose of Journey	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>TOTAL</b>													

Certified that I have performed journey from ..... to ..... by ..... and

From ..... to ..... by .....

Certified that I will perform journey from ..... to ..... by ..... and

From ..... to ..... by .....

Received from the Joint Director, State Institute of Technical Teachers Training &

Research, Kalamassery An amount of ₹...../- (Rupees.....

..... only) being

My TA & DA for attending the Faculty Development Programme mentioned above.

**Signature:**

**Signature of the Officer:**

**Signature of Joint Director:**