NATIONAL CENTRE FOR RADIO ASTROPHYSICS

FOREIGN DEPUTATION CLAIM

Name	:	
Place of Visit	:	
Purpose of Visit	:	
Ref. of the approval for the trip	:	
(Attach copy)		
Approved by: Direct	cor	Approval Date :
D D		1 11 . 1

Deputation Expenses in connection with my trip as per detailed below:

Departure Place	Date	Time (hrs)	Arrival Place	Date	Time (Hrs)	Stay (Days)	Mode of Travel	Provided Free Accom/Meals

Sr.	Particulars of the claim	Amount Spent		Amount			
No.		Foreign	Spent	Approved			
1.	Pune- Mumbai-Pune	Currency	Rupees	₹			
2.	Air Fare						
3.	Visa Fees						
4.	Medical Insurance						
5.	Air port tax						
6.	Accommodation charges						
7.	Per diem						
8.	Registration / Misc.						
Total ₹							
Conversion rate for@ ₹							
Amoi	Total <pre>unt of the support received/ receivable from</pre>						
Aiiiot	ant of the support received, receivable from						
Name	2 :						
	Actual Europe diturno Claims of from Instituto						
	Actual Expenditure Claimed from Institute						
	Advance received from NCRA						
	Balance due to Me/ NCRA						
Certified that the expenses claimed are correct and have actually been incurred by me.							
Hotel charges are exclusive / inclusive of breakfast charges.							
NAME & ID NO.: PAYMENT RECEIVED							
BASIC PAY ₹: Revenue							
Stamp							
Signature							
Signa	ture Controlling Officer		Accou	nts Officer			

^{*}Please attach separate sheet if additional sheet is required.