

TRAVEL ALLOWANCE FORM**NHPC LIMITED****REIMBURSEMENT for TRAVELEXPENSES of CANDIDATES
(For Scheduled Caste / Scheduled Tribe / Persons with Disability candidates)****ADVT. NO. NH/RECTT/05/2021**

Name & Mailing Address:	Roll No. :
	Application Number : <input type="text"/>
	Category: SC / ST / PWD
	Post Applied for :
Pin Code:	Test Center :
Contact Tel. No:	Centre/City

JOURNEY DETAILS

Journey	Date (s)	Mode of travel	Class of Travel	Ticket/ Receipt	Travel Fare (Rs.)
From:		Rail/Bus			
To :					
From:		Rail/Bus			
To :					
Total Rupees					

BANK DETAILS

Name of Bank		Name of A/c Holder	
Bank Account No.		Branch Code	
Bank's IFSC Code (12 Digit)			

- a) **Attach Original / Photocopy of Rail / Bus Tickets / Receipt towards proof of journey.**
b) **Attach copy of Caste / PWD Certificate (as applicable).**

I will not claim the stated Journey amount from the Government or my present employer (PSU/Government Organization) . I hereby affirm that the information furnished by me in this form is true and any false information will render me liable for non -payment of travel expenses.

Venue:**Date:****Signature of Candidate**